

Exhibit 1

2009 Community Health Profile

A Compendium of Public Health Data for
Albany, Rensselaer and Schenectady Counties



Healthy Capital District Initiative
315 Sheridan Avenue
Albany, NY 12206
www.hcdiny.org



Acknowledgments

The principal authors of this report were:

Kevin Jobin-Davis, Ph.D., M.A.

Matuta Bzhalava, M.D., M.P.H.

Kamal Nain S. Siag, M.B.B.S, M.P.H.

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MEMBER ORGANIZATIONS



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Whitney M. Young, Jr.
Health Services



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Health Profile of New York's Capital District, 2009

In 1997, the counties of Albany, Rensselaer, and Schenectady implemented a joint project to engage health providers and community members in a regional health assessment and prioritization process. This was the first major collaborative venture undertaken by the three local governments, health care providers, insurers, other community organizations and residents to assess health status, identify health priorities and develop plans to improve the health status in and for the Capital District.

It has been an exciting journey. As a result of the first health profile provided to the sponsors and community in 1997, community members from across the region and across interest groups have joined together to develop initiatives for focused action. These initiatives have directly resulted in improved access to needed health services for over 46,000 residents in the Capital District.

This report follows the 2002 Health Profile: Report to the Capital District Community and Sponsors, as the third data analysis of the health needs in the region. It expands upon the predominantly mortality driven analysis of its predecessor to include hospitalization analyses, prevention quality indicators, and health behaviors. The structure of this report is founded upon the Prevention Agenda of New York State. Utilizing this framework and these statistical lenses, we will be able to track the need and impact of collective efforts to improve health far before the results are terminal.

This analysis is not completely comprehensive of every health condition or public health issue. Individuals working on, or experiencing first hand, a particular health issue will undoubtedly have valuable knowledge to contribute beyond the data available. The analysis completed was chosen based upon the availability of reliable, comparable data and the delineated priority health areas of the New York State Department of Health. The results should provide a clear and fundamental description of the prevalence and concentration of each health indicator included. Elaboration on the included material may transpire as new data becomes available.

This document would not be possible without the labor, input and support of our sponsors and members of the community. It is the result of over a year of meetings with member organizations and community input through our public television program, "How Healthy is the Capital District? A Community Health Forum," and our survey of over 800 residents of the Capital District. Their collaboration was invaluable. As a result of these efforts, two priority areas for the Capital District were identified to focus our collective efforts in the coming years: improving access to care and prevention of chronic diseases.





Healthy Capital District Initiative Community Health Profile – 2009

Table of Contents

I. INTRODUCTION.....	1
II. SUMMARY OF DATA	4
III. DEMOGRAPHIC INFORMATION FOR THE CAPITAL DISTRICT.....	7
IV. ACCESS TO CARE.....	13
ADULT HEALTH CARE COVERAGE	13
ADULTS WITH REGULAR HEALTH CARE.....	15
FACILITATED ENROLLMENT	17
ADULT DENTAL VISITS	18
EARLY STAGE CANCER DIAGNOSES	19
TOBACCO USE.....	22
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	24
LUNG CANCER	25
V. HEALTHY MOTHERS/HEALTHY BABIES/HEALTHY CHILDREN.....	27
PRENATAL CARE	27
LOW BIRTH WEIGHT BIRTHS.....	28
INFANT MORTALITY	29
CHILDHOOD VACCINES	30
TEENAGE MOTHERS	31
LEAD SCREENING	32
CHILDREN'S ORAL HEALTH	33
VI. PHYSICAL ACTIVITY/NUTRITION.....	35
ADULT OBESITY, CHILDHOOD OBESITY, PHYSICAL ACTIVITY	35
ADULT OBESITY	35
CHILDHOOD OBESITY	35
PHYSICAL ACTIVITY.....	36
HEALTHY EATING	37
BREASTFEEDING.....	38
VII. UNINTENTIONAL INJURY	39
UNINTENTIONAL INJURY PREVENTION	39
MOTOR VEHICLE RELATED INJURIES/PEDESTRIAN INJURY	43
FALL PREVENTION	45
VIII. HEALTHY ENVIRONNEMENT.....	47
CHILDREN <6 WITH ELEVATED LEAD LEVELS	47
CHILDHOOD ASTHMA.....	48
WORKPLACE INJURIES.....	49
LEAD POISONING PREVENTION	50
IX. CHRONIC DISEASE.....	51
DIABETES	51
CORONARY HEART DISEASE	53
CONGESTIVE HEART FAILURE.....	55
STROKE	56
FEMALE BREAST CANCER	58
CERVICAL CANCER	59
COLORECTAL CANCER	60
PROSTATE CANCER	61





X. INFECTIOUS DISEASE PREVENTION	62
HIV/AIDS	62
SEXUALLY TRANSMITTED DISEASE.....	64
LYME DISEASE	65
IMMUNIZATIONS FOR ADULTS 65 AND OLDER	66
XI. COMMUNITY PREPAREDNESS	68
XII. MENTAL HEALTH/SUBSTANCE ABUSE.....	69
ADULT POOR MENTAL HEALTH AND SUICIDE MORTALITY	69
ALCOHOL AND SUBSTANCE ABUSE	71
XIII. APPENDIXES	73
COUNTY MORTALITY RATES.....	73
NYS DEPARTMENT OF HEALTH VITAL STATISTICS, 2001-2005, AGE ADJUSTED	73
ZIP CODE NEIGHBORHOOD GROUPING MAPS BY COUNTY	75
MORTALITY RATES BY DISEASE CATEGORY	79
COUNTY HOSPITALIZATION RATES	81
NYS DEPARTMENT OF HEALTH, SPARCS 2001-2005, AGE ADJUSTED	81
HOSPITALIZATION RATES BY DISEASE CATEGORY	83
CAPITAL DISTRICT LEADING CAUSES OF DEATH, 2003-2007	85
PREVENTION QUALITY INDICATORS.....	91
BIRTH INDICATORS BY CAPITAL DISTRICT COMMUNITY.....	100
COMMUNITY HEALTH SURVEY - 2009.....	101





I. Introduction

The purpose of this report is to summarize common health indicators that exist in public health databases. These indicators provide a broad array of health information that may be useful in determining and monitoring health promotion priorities for the community.

Selection of Indicators

The health indicators selected for this report were based on a review of available public health data, national priorities identified in the *Healthy People 2010* report and New York State priorities promulgated through the *Prevention Agenda for a Healthier New York*. Upon examination of these key resources, identification of additional indicators of importance with data available and discussion with public health as well as health care professionals in the Capital District, it was decided that following the Prevention Agenda would provide: (a) a generally comprehensive analysis, (b) on indicators that are key markers of public health, (c) supported currently and most likely will continue to be supported with both reliable and comparable data, (d) with measures that examine health conditions early enough to be potentially influenced in the short-term, and (e) on issues likely to be supported by the State Health Department through grant funded initiatives.

The databases selected for use include birth, death, and hospitalizations records. It is important to note that inclusion or exclusion of indicators from this report does not convey any a priori prioritization of health conditions.

Selection of Priorities

Selection of the top health priorities for the region was the conclusion of a year-long process building our knowledge of current public health conditions, identifying an optimal process for selecting priorities and implementing that process.

Data for health indicator topics were identified by examining the scope of health conditions required to be addressed in local Community Health Assessment and Community Service Plans, exploration of New York State Department of Health statistical resources and consultation with New York State Health Department health information experts. Once the set of indicators we would examine were selected, a data request was made to New York State Department of Health to provide the basis of 2001-2005 trend analyses of Vital Statistics and Statewide Planning and Research Cooperative System (SPARCS) data. Each Healthy Capital District Initiative (HCDI) member organization then volunteered to search out additional resources on less readily available data. From these various sources, draft indicator summaries were prepared.

Our Health Profile work group then divided into two work groups, one focusing on community engagement and the other on the production of the Health Profile. Each HCDI member organization in the Health Profile work group completed a review of several health indicators. Participants who viewed the data on their health indicator compelling were asked to present on why their topic should be a priority for the Capital District. The reasons provided for prioritizing these topics as a commonly agreed upon priority were enumerated.

The list of priority rationales was reduced by identifying common themes and important differences in the criterion used. The resulting criterion to be applied to all health indicators anew were: (1) prevalence in the general population – by number of people impacted or percentage, (2) prevalence in any sub-population, (3) severity – years of potential life lost or quality of life, (4) preventable, (5) root cause of other negative health conditions, and (6) cost of care.

With this agreed upon basis for evaluation, each indicator was then reassessed by assigning a score of 1 to 5 on each of the six evaluation criterion, with one being nominally applies to 5 representing highly applicable to this indicator. Again, participants were asked to present their scoring and rationale for each indicator so that others could offer information or ideas that might cause the group to raise or lower the assigned score.



After the scores were tallied, it was clear that access to care and chronic diseases impacted the most people in the most significant ways, both directly and indirectly through their influence on other health conditions, were largely preventable and contributed most significantly to the cost of health care.

Member organizations tested our findings by discussing our priority selection back in their host organizations and returned with feedback about additional or alternative priority areas of concern for their institution. Our priority selections were then put to the test by presenting them to the public for their input through a televised community health forum and through a survey available in paper and online.

Capital District hospitals and county public health departments integrated the information garnered from the collaborative prioritization process, this document and community input with internal needs assessment and capacity analysis into the articulation of their organizations' top community health priorities. These priorities will drive the development of institutional services and joint initiatives to address pressing health needs in the region.

Collaboration and Community Engagement

On June 23, 2009, WMHT-TV, in collaboration with the Healthy Capital District Initiative, produced a televised Community Health Forum to provide citizen input to the state-mandated Community Health Assessment. This assessment, including data from local health departments, hospitals and care givers, combined with anecdotal contributions from patients and their families was designed to provide a full perspective on local health care needs, which will aid hospitals in developing a Community Service Plan and contribute to local health departments' Community Health Assessments.

The one-hour program featured a studio audience of about 80 public health experts and stakeholders as well as a broad range of consumers from the three counties. Call-in questions and comments from viewers were broadcasted live from the WMHT studios. The forum was moderated by Ms. Benita Zahn, WNYT Health Reporter, Anchor and Host of WMHT's *Health Link*.

On the show, Ms. Benita Zahn presented a brief introduction to the program and lead-in to a pre-recorded message from Richard Daines, MD, Commissioner of Health for New York State. Dr. Daines introduced the State's Prevention Agenda and encouraged each community to collaboratively develop local responses to the health issues they find in their community. Dr. Kevin Jobin-Davis, Executive Director of HCDI, summarized the process of collecting health data for the three counties and the process and criteria for selecting community priorities.

Throughout the program, audience members (both in the studio and by telephone) were encouraged to ask questions and offer their own personal experiences of seeking and receiving health care in the Capital District.

The discussions and question periods throughout the program were divided into 2 major regional health issues that have been identified through the data of the 2009 Assessment. The two major issues discussed were access to health care and the impact of chronic disease in our communities. Each of these topics and the following discussion was introduced by short video segments of persons that framed the individual issue.

At the close of the show, the moderator summarized the topics raised in the studio and call-in audiences. Access to care was the most pervasive topic. Access is negatively impacted by tedious public health insurance application paperwork, the limited availability of primary care physicians and the resulting over-utilization of the emergency room for non-urgent care, particularly by the urban poor. The quality of care concerns voiced by the public were focused on the receipt of more preventative services, rather than disease management, and more culturally sensitive health services.

The entire show was re-broadcasted on WMHT for those viewers who were unable to watch the original airing. In addition the HCDI web site has made the WMHT program available to others that may want to view it.

Community Health Survey

In order to understand the health issues and needs of the Capital District's population, the Healthy Capital District Initiative conducted an online survey *How Healthy is the Capital District*. The Community Health Survey was



promoted during an hour long public television forum in which the health needs of audience members was discussed in the context of the community health planning process underway. The survey was available during the program and for 6 weeks thereafter through a web-based survey instrument that could be accessed on the WMHT website, HCDCI website and sites of other member health organizations.

The survey addressed issues of insurance coverage, access to care, individual needs and barriers to care, community needs, chronic care experience, health services deficits, emergency room utilization, health education from insurers and providers, and community health priorities. Over 1,100 residents of the Capital District completed surveys. Most respondents were residing in Schenectady County (41.6%), but there were several hundred respondents from Albany County (24.9%) and the Rensselaer County (20.6%) as well.

The majority of survey respondents were employed for wages (73.9%), white female (67.4%), although responses were also received by 149 minority residents, and had private health insurance (71.5%). This is representative of the region, the uninsured in the sample for example was 12% and 28% for non-whites, except for a somewhat under-sampling of minorities.

Access to Care

The barriers to insurance coverage were primarily cost (28%), losing a job or changing employers (22%), and working part-time (11%) without benefits. Losing Medicaid due to eligibility was the reason for 4% of respondents and due to problems with Medicaid recertification for another 4%.

The majority of respondents (48%) have not had problems accessing health care, but almost the same number of respondents (43%) didn't seek care because either their work and medical office availability conflicted (22%), the wait to get an appointment (12%) or the wait at the time of an appointment was too long (9%). Not having health insurance or the cost of health services not covered by their insurance prevented 23%, nearly half of non-whites, of respondents from seeking care when they needed it.

Service Needs

Individuals with chronic care conditions also frequently (43%) experienced barriers to accessing care. Two thirds of the respondents had a person in their household with a chronic disease. When respondents listed all the chronic conditions present, high blood pressure was the most prevalent (57.1%), followed by arthritis or other bone/joint diseases (34%), mental health (31%), asthma (29%), diabetes (25%), heart disease (17%) and cancer (10%). Asthma (43%) and diabetes (37%) were more prevalent in the non-white respondents.

The barriers for those with chronic conditions were similar to the general population such as cost issues for those with or without insurance, the availability of doctors when desired, particularly the availability of specialists. When asked which needed health services were not available in their community, 17% of respondents said specialists – particularly reproductive health and dermatology, 10% indicated services for the uninsured, followed closely by oral health (9%), mental health (9%) and primary care (8%).

Health Priorities

A majority of respondents (81%) recognized their personal role in improving their health, whether it were exercise (26%), losing weight (22%), quitting smoking (8%), better nutrition (9%), or better personal choices (7%). But there were also systemic needs identified such as better access to health care (10%) and affordable health insurance (7%).

A majority of residents (87.7%) agreed that the top priorities for the Capital District are access to care and services for addressing chronic diseases. Other important health service needs included obesity/nutrition/physical exercise (25%), addressing insurance/cost/access (20%), mental health (16%), prevention and screening (14%), and oral health services (6%).



II. Summary of Data

Public health in the Capital District is generally consistent with other New York counties outside of New York City. Many trends are positive. Coronary heart disease mortality, stroke, colorectal cancer, births to teenage mothers and children's asthma have all decreased since 1990. Most recently, drug related hospitalizations, pedestrian injury hospitalizations and newly diagnosed HIV cases were all well below the New York State averages and Prevention Agenda goals for the state.

It is not all good news, however, particularly in lower income, inner-city zip codes. Smoking and the related health consequences, chronic obstructive pulmonary disease (COPD) and lung cancer are generally well above state averages and objectives, even with lung cancer rates trending downward. The prevalence of gonorrhea in the Capital District, particularly in Albany and Schenectady counties, stand out as some of the highest county rates in New York State. Similarly, the incidence of Lyme disease in Albany and Rensselaer counties are several times higher than the rest of New York State.

Chronic diseases and access to care are the largest health barriers and opportunities in the Capital District. Chronic diseases comprise four of the five leading causes of death for persons 45 and older and they are largely preventable with healthy lifestyle choices around diet, exercise, smoking and regular health screenings. Diabetes, is particularly problematic, since it is an underlying condition in so many hospital visits – 4 times more than coronary heart disease which is the leading cause of death. Chronic diseases are more prevalent in older adults, which are the fastest growing segment of the population, and minorities. They are persistent and severe; account for a large portion of the cost of health care, while also increasing labor costs and diminishing the quality of life.

The negative impact of chronic diseases, and all health conditions, are more severe for those who do not have access to care either because of a lack of insurance or the availability of health professionals accepting their insurance. With over 10% of the population in the region uninsured, there is a large portion of the population who will delay, forego, or not follow through on needed health and prescriptions due to cost. This increases the severity of health conditions when fully treated and increases the risk of premature death. While the uninsured pay about 40% of their medical costs, hospitals still expend over \$20 billion nationally each year on care for the uninsured. Many issues of access are also preventable through full utilization of public health insurance, free screenings and health services offered on a sliding fee scale.

Counties

Rensselaer County typifies this pattern for the Capital District of a low incidence of risky behavior related health outcomes, yet relatively high smoking related health issues. COPD mortality is 50% above the state excluding New York City (NYC) rate. Lung cancer and adult smoking are well above regional and New York State averages, as well as Prevention Agenda goals for the state. On the other hand, pedestrian injuries, teenage births, drug hospitalizations and new HIV cases are well below state averages. Rensselaer County, like Albany County, has experienced dramatic increases in Lyme disease in the past eight years.

Albany County similarly has a very low rate of new HIV cases, but has a HIV mortality rate twice the non-NYC State rate. Coronary heart disease mortality rates in Albany County are also above the rest of the State and region, yet hospitalizations for coronary heart disease are much lower than these comparison points. Tooth decay in 3rd grade children in Albany County was found to be below the rest of the region, state rates and objectives. Asthma hospitalization rates for children are quite good for Albany and Schenectady counties.

Schenectady County residents, like the rest of the Capital District, are most likely to die from and receive hospital services for coronary heart disease, COPD and stroke; with diabetes being a root cause of an extraordinary number of hospitalizations. The mortality and hospitalization rates for these conditions in the county, however, are at or below the New York State rates excluding NYC. Unlike the rest of the Capital District, Schenectady County has not seen an uptick in Lyme disease, but has had higher than average homicide and suicide rates between 2001 and 2005.





Gender

It appears that women live longer than men for good reason. They are more likely to have a primary care physician and receive preventive medical services and less likely to be overweight in the Capital District. The leading cause of death for women between ages 20 and 74 is cancer. Women are twice as likely to die from cancer during this time as from diseases of the heart. After age 75, diseases of the heart are by the far the most prevalent cause of death, 2.5 times the mortality rate of cancer. Breast cancer in the region had declined considerably over the past 15 years, but remains above the Prevention Agenda objective.

Women are most likely to use the hospital for unintentional injuries, falls, COPD, coronary heart disease and then stroke. Women in the Capital District are about 25% more likely than New York State women, excluding NYC, to be hospitalized or die from COPD. Women in the Capital District are also 25% more likely than Capital District men to be hospitalized or die from COPD. The difference by gender of COPD mortality does disappear when age adjusted compared to the United States population, but clearly women in the region are at risk of developing COPD.

In addition to their weight issues and less frequent use of medical professionals, men experience health problems disproportionately due to aggressive behavior. Men had triple the assault hospitalizations and double the homicide mortality of women. Motor vehicle accidents are a major risk factor for young people and men ages 4 to 34 had hospitalization rates 50% higher than women. Men were less likely than women to be hospitalized for self-inflicted injuries, yet men were 5 times as likely to die from suicide between 2001 and 2005. Men were even more likely to die from falls, while being hospitalized less frequently than women. Overall though, just over 50% of men and women die from comparable rates of diseases of the heart and cancer.

Ethnicity

COPD was a major cause of death between 2001 and 2005; a cause which whites died from 50% more often than blacks. Interestingly, blacks were twice as likely to receive hospital treatment for COPD as whites for the period. Mortality rates for coronary heart disease, the leading cause of death, were comparable to each other and state rates, yet hospitalization rates for this condition were 40% below the state rates for both ethnic groups.

For less frequent causes of death, AIDS mortality rates were 20 times higher for blacks than whites, with whites 25% below the state rates and blacks above. Violent crimes of assault and homicide were 7 and 8 times higher for blacks respectively, although suicide for whites was 1/3 higher than for blacks. Motor vehicle accident mortality in the region was less than half the state rate for blacks, resulting in the rate for whites being twice that of blacks.

Hospitalization for diabetes and COPD for blacks was twice the rate of whites, while asthma hospitalizations were about 3½ times and assault about 7 times higher than hospitalization rates for whites. While concerning, these differences are consistent with statewide patterns. Blacks sought hospital treatment for falls about 30% less frequently than whites.

The relatively small number of non-white, non-black residents in the Capital District cautions interpretation based on rates, but there was a disproportionate pattern of diabetes incidence in this population.

Structure of this Report: Health Indicators

Every year, the New York State Department of Health provides information on major health indicators for each county. To supplement available information, this report focuses on more detailed information, such as disease rates by zip code areas, by gender and by race, and providing summary information over the past decade. In order to present meaningful information for smaller areas or subgroups, data for several years were combined. Thus, most information presented is based on three or five years of combined data. Still, some areas had too few cases to estimate rates accurately.

After presenting information on demographics and causes of death for the Capital District, a summary of each disease indicator is presented. Generally, these summaries contain a brief synopsis defining the condition, why it





is of concern, some national and state descriptive statistics, New York State objectives – or the national standard of Healthy People 2010 if New York has not articulated an objective; comparisons of local data with state data; a description of significant gender, race, and age dynamics as is available; and disease rates by zip code areas.

When possible, typically limited to mortality rates, analyses include a retrospective look of any trends in the growth or recession of the indicator over the past 15 years we have monitored. A presentation of county and national rates, along with the objectives, is provided in order to put the local health status in perspective. The rates presented are age-adjusted so that comparisons of county data to state and national objectives can be made. National rates are usually based on experiences of one year because similarly adjusted rates for the time periods provided for counties are not readily available. An explanation of age-adjusted rates can be found at the end of this section.

Zip codes groups were chosen as a small-area breakdown because there was insufficient data for the primary alternative, census tracts. The groups were selected based on a minimum of 6,000 residents and meaningful groupings generally following municipal or multiple municipal boundaries.

Detailed tables are available in the appendixes for [County Mortality Rates](#), [Zip Code Neighborhood Grouping Maps by County](#), [Mortality Rates by Disease Category](#), [County Hospitalization Rates](#), [Hospitalization Rates by Disease Category](#), [Capital District Leading Causes of Death, 2003-2007](#), [Prevention Quality Indicators](#), [Birth Indicators by Capital District Community](#), and [tabular results for the Community Health Survey - 2009](#).

Rates

For most indicators, age-adjusted rates are presented in the tables. Age-adjustment considers the differing age distributions within populations to calculate rates that can be used for comparison purposes. There are two common ways to adjust for age: direct standardization and indirect standardization. We used direct standardization. The advantage of this method is that comparison of Capital District data with *Prevention Agenda* and *Healthy People 2013 objectives* can be made for most indicators. Also, comparisons can be made between zip code areas and between groups (e.g., counties, genders). Two important disadvantages exist. First, direct standardization is best when many events (e.g., deaths, hospitalizations) occur in every group. If there are few events then these rates can be unstable, that is, they may overestimate or underestimate the true rate. Thus, for zip code groups, rates are estimated in areas with three or more events, although usually the number was much higher. Also, the data were carefully reviewed to assess the likelihood that unstable estimates would mislead readers. Second, age-adjusted rates can not be interpreted in isolation. The actual number provides some important meaning. It is not, however, a meaningful point of comparison, making age adjusted rates the most useful measure of the data for purposes of comparison. *Prevention Agenda* and *Healthy People 2013 objectives* have been age-standardized to the United States 2000 population, thus age-adjusted rates presented in this report are standardized similarly.



III. Demographic Information for the Capital District

Demographic Information for the Capital District						
Racial Distribution in 2005/2000/1995						
County - 2005		White	African American	Hispanic Origin	Asian or Pacific Islander	All Other
Albany	n	229,674	32,021	9,569	11,023	2,839
	%	81.90%	11.40%	3.40%	4.00%	1.10%
Rensselaer	n	135,015	5,574	3,781	3,173	1,820
	%	89.90%	3.70%	2.50%	2.10%	1.20%
Schenectady	n	122,748	10,924	5,627	4,764	4,180
	%	85.00%	7.60%	3.90%	3.30%	1.60%
Capital District	n	487,437	48,519	18,977	18,960	8,839
	%	83.65%	8.33%	3.26%	3.25%	1.52%
County - 2000		White	African American	Hispanic Origin	Asian or Pacific Islander	All Other
Albany	n	240,913	31,514	9,079	8,174	3,102
	%	81.80%	10.70%	3.10%	2.70%	1.10%
Rensselaer	n	137,562	6,870	3,225	2,637	1,360
	%	90.20%	4.50%	2.10%	1.70%	0.90%
Schenectady	n	126,538	9,456	4,639	2,931	2,110
	%	86.30%	6.50%	3.20%	2.00%	1.40%
Capital District	n	505,013	47,840	16,943	13,742	6,572
	%	85.58%	8.11%	2.87%	2.33%	1.11%
County - 1990		White	African American	Hispanic Origin	Asian or Pacific Islander	All Other
Albany	n	260,692	24,611	5,464	5,032	2,259
	%	89.10%	8.40%	1.90%	1.70%	0.80%
Rensselaer	n	146,049	5,139	1,852	2,195	1,006
	%	94.60%	3.30%	1.20%	1.40%	0.70%
Schenectady	n	139,407	6,474	2,471	2,091	1,293
	%	93.40%	4.30%	1.60%	1.40%	0.90%
Capital District	n	546,148	36,224	9,787	9,318	4,558
	%	90.12%	5.98%	1.61%	1.54%	0.75%
Source: US Census						
Hispanic origin crosses all racial categories						



Population by Age and Sex, 2005

<i>County</i>	<i>Total</i>	Years						
		<1-9	10-19	20-24	25-44	45-64	65-74	75+
Albany	280,570	36,575	37,575	28,523	93,845	53,329	23,507	19,240
Male	135,281	18,589	19,084	14,093	45,876	25,093	9,898	6,071
Female	143,289	17,986	18,491	14,430	47,969	28,236	13,609	13,169
Rensselaer	150,163	21,412	21,858	13,853	48,766	28,148	11,561	8,831
Male	73,970	11,027	11,653	7,518	24,254	13,517	4,946	2,900
Female	76,193	10,385	10,205	6,335	24,512	14,631	6,615	5,931
Schenectady	150,440	20,040	18,436	10,660	46,408	28,993	13,763	10,985
Male	72,253	10,252	9,532	5,382	22,777	13,742	5,843	3,660
Female	78,187	9,788	8,904	5,278	23,631	15,251	7,920	7,325
Capital District	581,173	78,027	77,869	53,036	189,019	110,470	48,831	39,056
Male	281,504	39,868	40,269	26,993	92,907	52,352	20,687	12,631
Female	29	38,159	37,600	26,043	96,112	58,118	28,144	26,425

Source: U. S. Census.

Population by Age and Sex, 2000

County	Total	Years						
		<1-9	10-19	20-24	25-44	45-64	65-74	75+
Albany	294,565	35,593	41,659	22,609	84,934	67,176	20,783	21,811
Male	140,885	18,378	21,116	11,123	41,422	32,346	9,083	7,417
Female	153,680	17,215	20,543	11,486	43,512	34,830	11,700	14,394
Rensselaer	152,538	19,632	22,631	10,157	44,416	35,020	10,585	10,097
Male	74,691	9,944	11,989	5,427	21,717	17,206	4,768	3,640
Female	77,847	9,688	10,642	4,730	22,699	17,814	5,817	6,457
Schenectady	146,555	19,334	19,905	8,003	41,219	33,696	11,376	13,022
Male	70,479	9,988	10,285	3,993	20,138	16,355	5,043	4,677
Female	76,076	9,346	9,620	4,010	21,081	17,341	6,333	8,345
Cap. Dist.	593,658	74,559	84,195	40,769	170,569	135,892	42,744	44,930
Male	286,055	38,310	43,390	20,543	83,277	65,907	18,894	15,734
Female	307,603	36,249	40,805	20,226	87,292	69,985	23,850	29,196

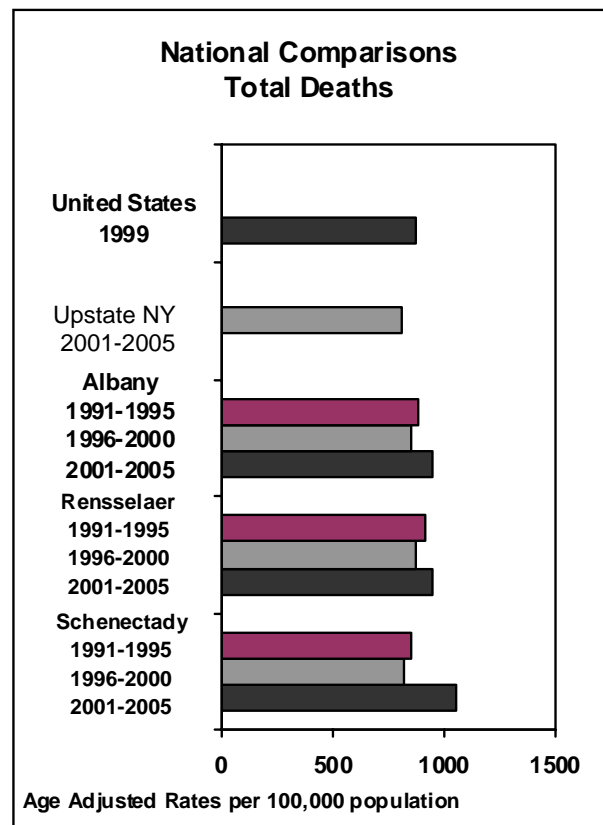
Source: 2000 U.S. Census



Total Age Adjusted Deaths

The total age-adjusted death rates presented here are measures that emphasize premature deaths. In fact, deaths of young people carry considerable weight in these age-adjusted death rates.

When comparing overall age-adjusted death rates in the Capital District from 1991-1995 and 1996-2000, there is a decline in all three counties. However, in the 2000 to 2005 period there is increase in the mortality rate for all three counties; especially Schenectady County. The total age-adjusted death rate in the Capital District remains higher than the rate in Upstate New York as whole. The age-adjusted death rate is higher among males than females and higher among blacks than whites in most age groups. These differences are consistent with upstate mortality patterns.



Capital District Mortality Rates by Age, Gender and Race/Ethnicity*

Years: 2001 - 2005

Total Mortality Rates per 100,000

Age	All	White	Black	Men	Women
Age 0-4	132.0	92.6	239.1	162.5	118.3
Age 5-14	51.2	31.1	56.1	57.3	32.7
Age 15-24	79.7	63.7	142.2	97.0	58.4
Age 25-34	100.5	90.7	221.2	144.3	81.3
Age 35-44	180.8	161.9	327.1	227.6	147.4
Age 45-54	505.1	373.7	927.6	542.2	330.2
Age 55-64	954.4	872.4	1,533.4	1,098.7	714.3
Age 65-74	2,002.3	2,271.7	2,986.0	2,709.8	1,847.6
Age 75-84	4,359.0	5,681.4	5,937.6	6,801.7	4,616.4
Age 85+	11,343.4	15,620.1	13,107.3	16,389.3	15,130.7
TOTAL	537.5	1,084.9	609.2	971.9	1,103.9

*Denominator is 2003 Census data



Capital District Leading Causes of Death, 2003-2007

Age < 1

Rank	Cause of Death	Count	Percent of Total
1	Cond. Orig. in Perinatal	140	56.9
2	Congenital Anomalies	36	14.6
3	Sudden Infant Death Syn.	12	4.9
4	Non Motor Vehicle Injury	9	3.7
5	Gastritis	4	1.6
5	Diseases of the Heart	4	1.6
	All Other	37	15.0

Age 1-9

1	Non Motor Vehicle Injury	13	21.7
2	Malignant Neoplasms	6	10.0
3	Congenital Anomalies	5	8.3
3	Homicide and Legal Interv.	5	8.3
3	Motor Vehicle Injury	5	8.3
	All Other	19	31.7

Age 10-19

1	Motor Vehicle Injury	23	18.1
2	Non Motor Vehicle Injury	16	12.6
2	Suicide	16	12.6
4	Homicide and Legal Interv.	14	11.0
5	Malignant Neoplasms	9	7.1
	All Other	34	26.8

Age 20-24

1	Suicide	26	18.6
2	Motor Vehicle Injury	25	17.9
3	Non Motor Vehicle Injury	22	15.7
4	Homicide and Legal Interv.	12	8.6
5	Malignant Neoplasms	8	5.7
	All Other	32	22.9

Age 25-44

1	Diseases of the Heart	172	17.6
2	Malignant Neoplasms	169	17.3
3	Suicide	83	8.5
4	Non Motor Vehicle Injury	78	8.0
5	Motor Vehicle Injury	77	7.9
	All Other	236	24.2

Age 45-64

1	Malignant Neoplasms	1,703	38.0
2	Diseases of the Heart	1,061	23.7
3	Chronic Lower Resp. Disease	173	3.9
4	Diabetes Mellitus	109	2.4
5	Non Motor Vehicle Injury	87	1.9
	All Other	989	22.1

Age 65-74

1	Malignant Neoplasms	1,524	36.9
2	Diseases of the Heart	1,059	25.7
3	Chronic Lower Resp. Disease	302	7.3
4	Diabetes Mellitus	141	3.4
5	Septicemia	82	2.0
	All Other	858	20.8

Age 75+

1	Diseases of the Heart	6,662	36.2
2	Malignant Neoplasms	3,297	17.9
3	Chronic Lower Resp. Disease	1,100	6.0
4	Pneumonia	507	2.8
5	Diabetes Mellitus	396	2.2
	All Other	5,795	31.5



DEMOGRAPHIC INFORMATION	Albany County		Rensselaer County		Schenectady County	
EDUCATIONAL ATTAINMENT	Number	%	Number	%	Number	%
Population 25 years and over	195,381	100.0	100,233	100.0	99,568	100.0
Less than 9th grade	7,925	4.1	4,959	4.9	4,150	4.2
9th to 12th grade, no diploma	18,792	9.6	10,173	10.1	10,985	11.0
High school graduate (includes GED)	52,796	27	32,545	32.5	30,812	30.9
Some college, no degree	32,121	16.4	18,265	18.2	17,608	17.7
Associate degree	18,661	9.6	10,498	10.5	9,795	9.8
Bachelor's degree	34,288	17.5	13,223	13.2	14,506	14.6
Graduate or professional degree	30,798	15.8	10,570	10.5	11,712	11.8
Percent high school graduate or higher	86.3	(X)	84.9	(X)	84.8	(X)
Percent bachelor's degree or higher	33.3	(X)	23.7	(X)	26.3	(X)
EMPLOYMENT STATUS	Number	%	Number	%	Number	%
Population 16 years and over	235,932	100	119,772	100.0	114,671	100
In labor force	155,220	65.8	80,147	66.9	71,491	62.3
Civilian labor force	154,939	65.7	80,067	66.8	71,350	62.2
Employed	144,480	61.2	75,214	62.8	67,713	59
Unemployed	10,459	4.4	4,853	4.1	3,637	3.2
Percent of civilian labor force	6.8	(X)	6.1	(X)	5.1	(X)
Armed Forces	281	0.1	80	0.1	141	0.1
Not in labor force	80,712	34.2	39,625	33.1	43,180	37.7
HOUSING OCCUPANCY	Number	%	Number	%	Number	%
Total housing units	66,120	100.0	66,120	100.0	65,032.0	1.0
Occupied housing units	59,894	90.6	59,894	90.6	59,684.0	0.9
Vacant housing units	6,226	9.4	6,226	9.4	5,348.0	0.1
Seasonal, recreational, or occasional use	1,345	2.0	1,345	2.0	330.0	0.0
Homeowner vacancy rate (percent)	1.8%	(X)	1.8%	(X)	0.0	(X)
Rental vacancy rate (percent)	7.9%	(X)	7.9%	(X)	0.1	(X)
HOUSING TENURE	Number	%	Number	%	Number	%
Occupied housing units	59,894	100.0	59,894	100.0	59,684.0	1.0
Owner-occupied housing units	38,872	64.9	38,872	64.9	39,023.0	0.7
Renter-occupied housing units	21,022	35.1	21,022	35.1	20,661.0	0.3
Average household size owner-occupied unit	2.63	(X)	2.63	(X)	2.55	(X)
Average household size renter-occupied unit	2.14	(X)	2.14	(X)	2.06	(X)
YEAR STRUCTURE BUILT	Number	%	Number	%	Number	%
1999 to March 2000	1,236	1	617	0.9	360	0.6
1995 to 1998	4,131	3.2	2,384	3.6	1,370	2.1
1990 to 1994	6,247	4.8	3,431	5.2	2,259	3.5
1980 to 1989	12,723	9.8	6,544	9.9	3,912	6
1970 to 1979	17,743	13.7	7,371	11.1	5,389	8.3
1960 to 1969	16,069	12.4	6,880	10.4	6,756	10.4
1940 to 1959	30,364	23.4	13,018	19.7	19,639	30.2
1939 or earlier	41,459	31.9	25,875	39.1	25,347	39
	Albany		Rensselaer		Schenectady	



**DEMOGRAPHIC INFORMATION**

	County		County		County	
	Number	%	Number	%	Number	%
INCOME IN 1999						
Households	120,645	100	59,830	100.0	59,732	100
Less than \$10,000	11,229	9.3	5,041	8.4	5,230	8.8
\$10,000 to \$14,999	7,641	6.3	3,811	6.4	4,224	7.1
\$15,000 to \$24,999	14,632	12.1	7,704	12.9	7,848	13.1
\$25,000 to \$34,999	15,632	13	7,708	12.9	7,670	12.8
\$35,000 to \$49,999	19,033	15.8	10,023	16.8	9,683	16.2
\$50,000 to \$74,999	24,146	20	13,050	21.8	12,302	20.6
\$75,000 to \$99,999	13,105	10.9	6,502	10.9	6,491	10.9
\$100,000 to \$149,999	10,054	8.3	4,408	7.4	4,450	7.4
\$150,000 to \$199,999	2,860	2.4	909	1.5	969	1.6
\$200,000 or more	2,313	1.9	674	1.1	865	1.4
Median household income (dollars)	42,935	(X)	42,905	(X)	41,739	(X)
POVERTY STATUS IN 1999						
Families	5,104	7.2	2,632	6.7	2,975	7.8
With related children under 18 years	4,237	11.7	2,090	10.4	2,428	12.8
With related children under 5 years	2,328	16.8	1,157	15.5	1,406	18.7
Families with female householder, no husband present	3,445	24.2	1,512	22.5	1,814	26
With related children under 18 years	3,219	32.7	1,428	31.2	1,664	35.5
With related children under 5 years	1,733	49.1	842	51.2	988	53.2
Individuals	29,745	10.6	14,011	9.5	15,560	10.9
18 years and over	21,224	9.8	9,459	8.5	9,943	9.3
65 years and over	2,884	7.3	1,277	6.6	1,485	6.5
Related children under 18 years	8,296	12.9	4,308	11.9	5,431	15.7
Related children 5 to 17 years	5,507	11.5	2,824	10.5	3,701	14.3
Unrelated individuals 15 years and over	13,982	20.7	5,820	20.5	5,492	19.3



IV. Access to Care

Adult Health Care Coverage

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the percentage of adult New Yorkers with health care coverage to 100%

The uninsured are at risk of catastrophic financial and health consequences. Having no health coverage is the cause of death of about 18,000 - 22,000 Americans each year. Uninsured children and adults receive about half as much care, have worse health and have a greater risk of dying in the hospital or shortly after discharge than people with insurance. Premature death is 25 percent greater among uninsured adults compare to insured individuals.

Having no insurance affects both preventive and chronic components of care. It is the most significant barrier to accessing primary care, which is the prime opportunity for prevention education, early detection, early treatment and referral to other needed health and social services. Uninsured adults are less likely to receive, or receive in a timely manner, recommended preventive and screening services than insured adults; both of which reduces the probability of survival.

Lack of health insurance is strongly associated with poverty. Half of all bankruptcies have high medical bills as a significant factor. Health care costs for uninsured low-income families can be financially catastrophic. Even though uninsured families are often poor, they pay, on average, up to 40% of their medical costs by themselves.

Every year, the U.S. Census Bureau, in its Current Population Survey (CPS), reports the number of people who are uninsured. This widely quoted number is intended to offer an estimate of how many people did not have any type of health insurance for the entire previous calendar year. The 2007 Annual Social and Economic Supplement (ASEC) estimates of uninsured children under age 19 were allocated based on each county's share of the uninsured children under age 18 in the Census Bureau's small-area health insurance estimates (SAHIE) model for 2005. Data from this estimate is presented below.

According to this model, the prevalence of uninsured children under 19 years of age is somewhat higher in Schenectady County compared to Albany and Rensselaer counties. While the prevalence of uninsured children under 19 years of age for the Capital District is lower than the statewide rate, based on this estimation model, there are over 11,200 children remaining without insurance in the region.

The Census Bureau estimates the prevalence of uninsured adults 19-64 is highest in Rensselaer County, although all of the Capital District counties fall well below the statewide uninsured rate.

Estimates of Uninsured for Adults 19 to 64*

New York	17.2%
Albany	11.9 %
Rensselaer	13.0%
Schenectady	10.6%

* 2007 Current Population Survey

Estimates of Uninsured for Children under 19 Years of Age*

New York	9.20%
Albany	7.00%
Rensselaer	7.30%
Schenectady	8.10%

* 2007 Current Population Survey

Prevalence of uninsured population under 65 years of age is highest in Rensselaer County and the Capital District counties have the lower rate for this age group compare to the statewide rate. The Expanded BRFSS phone survey of approximately 300 residents from each county was not particularly consistent with the CPS estimates. The e-BRFSS results were above and below the CPS rates,





suggesting that the sampling has to be completed to get more reliable results. The e-BRFSS and CPS did find, consistent with national trends, that men were much more likely to be uninsured, similar to younger people and those with a lower income.

The likelihood of having insurance coverage is directly related to annual income. Persons earning less than \$25,000 were more than twice as likely as the average person to be uninsured, while those earning over \$75,000 were less than half as likely to be uninsured.

Although the proportion of Capital District adult residents with health insurance exceeds the New York State average, an estimated 34,336 adults in the tri-county area self-report not having health insurance (Albany County – 13,416; Rensselaer County – 10,452; Schenectady County -10,468). Many of these residents are eligible for Medicaid Managed Care but not enrolled. For the years 2003-2007, on average, 32% of eligible Albany residents were not enrolled in Medicaid Managed Care, 25% of eligible Rensselaer residents and 56% of Schenectady residents. Schenectady's rate is skewed due to residents having the option of enrolling in a non-Managed Care Medicaid coverage. They became a mandatory Medicaid Managed Care County in 2007 and by 2008 their enrollment was comparable to Albany County with 32% of eligible residents not enrolled. This means that an average of over 19,000 adult residents in the Capital District each year are eligible for Medicaid but are not enrolled.

The disparities in health care coverage among ethnic groups are a serious problem. According to BRFSS 2003-2005, approximately 35% of New York State Hispanics had no health insurance coverage. This is more than three times the proportion of white non-Hispanic New Yorkers without coverage (10.4%) and significantly higher than all other race/ethnic categories. Rates of no coverage for Asian non-Hispanic and black non-Hispanic New Yorkers were 21.6% and 17.1% respectively. In each racial/ethnic group, those without insurance are more likely to use the emergency department as a regular source of care; white adults are least likely to use the emergency department for routine care, regardless of insurance status.

Resources

[Final Report Release Event – Insuring America's Health: Principles and Recommendations. Uninsured and Dying Because of It](#)
[A Shared Destiny: Effects of Uninsurance on Individuals, Families, and Communities](#)
[Health Care Access Among Adults in New York City](#)
[Cover the Uninsured](#)



Adults with Regular Health Care

Objectives

New York State Prevention Agenda 2013

Increase the percentage of adult New Yorkers who have a regular health care provider to 96%

More than 1.6 million adults in New York, or 15%, lack a regular care provider. A lack of access to a primary care provider results in negative health outcomes. Primary care, including prenatal care, provides a prime opportunity for prevention education, early detection, early treatment, and referral to other needed health and social services. Sustained contact with a primary care provider improves the consistency and efficacy of treatment for long-term chronic care patients.

Health care coverage and regular care providers, both are essential in making health care accessible. Approximately 90% of Capital District adult residents have a primary care physician, clinic, health center, or other place where they usually go to seek health care or health-related advice, which exceeds the New York State average. Women are more likely to have a usual source of ongoing primary care than men.

In the Capital District, Rensselaer County has the highest rate of adults who self-reported having a regular health care provider. While more Capital District residents have a regular health care provider, compare to the rest of the state, both the Capital District and state rates fall below Prevention Agenda goals.

No direct relationship was evident between having a regular health care provider and visiting a doctor for a routine checkup within the past year. More Schenectady County residents visited a doctor for routine checkup in the last year (79.1%) than Albany (69.4%) and Rensselaer (71.3%) counties. Capital District residents are equally

Adults with Regular Health Care Provider

2013 Prevention Agenda Objectives*	
US*	80.0%
New York [†]	82.8%
Albany [†]	89.1%
Rensselaer [†]	92.2%
Schenectady [†]	90.9%

* [NYS Department of Health](#)

[†] Expanded BRFSS Interim Report 2008

likely to see a doctor in the past year or two for a routine checkup as residents throughout the rest of the state.

Adults Who Visited a Doctor for a Routine Checkup*

	Within the Past 1 Year	Within the Past 2 Years
New York	75.4%	86.6%
Albany County	69.4%	84.9%
Rensselaer County	71.3%	86.2%
Schenectady County	79.1%	94.0%

* Expanded BRFSS Interim Report 2008

Regular health exams and tests can identify problems before they advance. Early detection of health problems improves the chances of successful treatment. Receiving the right health services, screenings and treatment increases the chances of living a longer, healthy and productive life.

While men were much less likely to have had a routine checkup than women, no relationship was found between age, education or income and chances of having a routine checkup in the past year or 2 years. While this may just reflect an insufficient number of participants in the survey thus far, it may also suggest other barriers to accessing care, such as time constraints due to employment, counteract any possible greater inclination to have routine checkups by people with the experience, knowledge and means to do so.

Structural, financial, and personal barriers can limit access to health care. Structural barriers include transportation, the distance to providers, insurance policy regulations, the lack of health care facilities, primary care providers, medical specialists, or other health care professionals to meet the public's needs. In addition to not having health insurance, financial barriers can also include not having the financial capacity to cover the cost of services or co-pays in accordance with health plan guidelines. Personal barriers include cultural or spiritual





Cost Prevented Visit to Doctor within the Past Year among Adults*

	Within the Past 2 Years
New York	12.6%
Albany County	6.4%
Rensselaer County	8.6%
Schenectady County	6.6%

* Expanded BRFSS Interim Report 2008

seek medical care for a health problem due to cost (41% vs. 11%) and about twice as likely to not fill prescriptions (24% vs. 14%). Insurance and a regular provider each improve access to preventive care; adults with both receive the most screenings.

An estimated 33,177 adults in the tri-county area have difficulty in accessing needed care due to financial constraints (Albany County – 14,994; Rensselaer – 10,416; Schenectady - 7,707). There were, however, no consistent patterns of residents not seeking treatment because of costs and age, gender, education or income.

Resources

[New York State Prevention Agenda 2013](#)

[Regular Check-Ups: CDC](#)

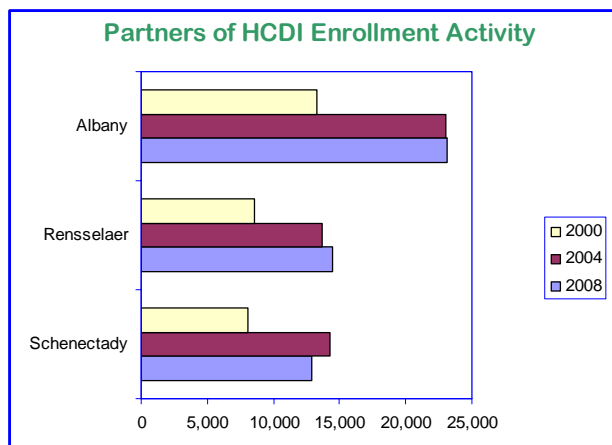
[Health Care Access Among Adults in New York City](#)

differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality. When these barriers exist, care is often not well coordinated or as effective as it should be. Delays in seeking treatment or not receiving appropriate screenings reduce overall health care quality.

Having insurance reduces the likelihood of adults not seeking medical care due to cost and receiving regular care in the Emergency Department. Compared to insured adults, the uninsured are about 4 times more likely to not



Facilitated Enrollment



While Capital District hospitals, public health departments and health insurers have each pursued improving access to care; these institutions formed the Healthy Capital District Initiative (HCDI) in large part to collaboratively develop effective strategies to improve access. The most fruitful of these strategies has been the Facilitated Enrollment Program.

The Facilitated Enrollment Program was established in June of 2000 by a grant from the New York State Health Department. The program enables staff from HCDI to raise awareness of government health insurance programs – Family Health Plus (FHP) and Child Health Plus A (CHP A), also known as Medicaid, and Child Health Plus B (CHP B) – and assist interested residents of Albany,

Schenectady and Rensselaer counties in the completion of the application requirements.

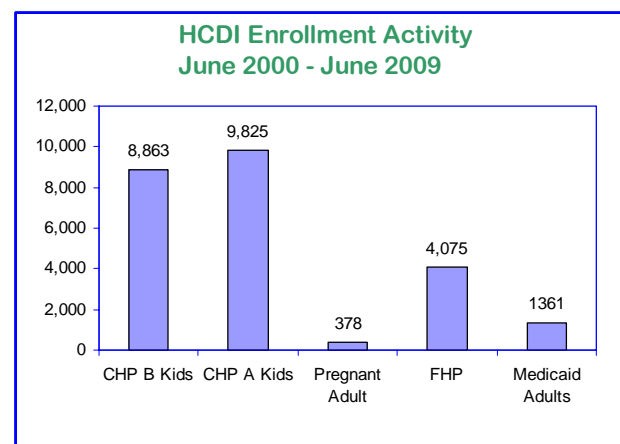
Facilitated Enrollers from HCDI are available to applicants days, evenings and weekends at convenient sites within the neighborhoods of the residents we serve. Since June 2000, HCDI completed and submitted 20,384 applications for 35,315 children and adults. These applications resulted in 24,502 individuals becoming enrolled in public health insurance through the Facilitated Enrollment Program through June 1, 2009.

HCDI partners also assist residents with applications for government health insurance programs. Currently Fidelis, CDPHP and Wellcare help individuals apply for FHP, CHP A or CHP B in Albany and Rensselaer Counties, while GHI also supports FHP and CHP B, and Empire offers CHP B only. In Schenectady County, Empire supports CHP B only, while Fidelis, CDPHP and GHI help individuals apply for FHP, CHP A or CHP B. The County Departments of Social Services assist applicants with CHP A and FHP applications.

Although the change in the proportion of uninsured in the region is not known without regular, reliable surveys, the onset of facilitated enrollment clearly and dramatically increased the number of persons who are enrolled in CHP A or FHP by 2004. The total enrollment rate has basically been sustained since, although each county has seen an increase in over 1,000 children enrolled in CHP B, which means that there was a slight drop in Medicaid enrollment.

While HCDI has been most effective impacting issues of access, continued effort is being devoted to the structural and personal barriers to care. Reduction of structural barriers is being pursued by increasing consumer awareness of the importance of using a primary care physician and emergency rooms only when appropriate.

HCDI is also working to reduce personal barriers to care by collaborating with the University at Albany on their EXPORT Center grant. This is a multi-year initiative to research and redress barriers to care for members of minority groups.





Adult Dental Visits

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the percentage of adult New Yorkers who have seen a dentist in the past year to 83%.

Poor oral health negatively impacts a person's general health and well-being. Studies have demonstrated a strong association between periodontal disease and diabetes, heart disease, stroke, pneumonia and adverse pregnancy outcomes, although these relationships are not yet fully understood. The mouth can serve as a portal of entry as well as the site of disease for microbial infections that affect general health. These bacteria can result in extensive localized infections but may also spread to other parts of the body if the normal barriers of a healthy mouth are breached. Death from complications arising from untreated dental abscesses is rare but does occur. Chronic pain from oral disease can also make eating difficult which threatens adequate nutrition, as well as a person's ability to function normally.

Routine dental examinations and prophylaxis are effective prevention measures for improving oral health and reducing the burden of oral disease. Adults regularly visiting their dentist is an important indicator of general access to quality health care.

Oral diseases affect a large proportion of the United States population. Nearly one-third of all adults in the United States have untreated tooth decay (CDC). In New York State, about 50% of adults have lost one or more teeth due to tooth decay or gum diseases and about 18% of persons 65 years and older have lost all their teeth. Cancers of the mouth and throat are detected in five New Yorkers every day.

Self reports of adult residents visiting their dentist within the last year in the Capital District are at or above the State average, but remain well below the Prevention Agenda objective.

Men, as with other preventive health care, are less likely to regularly visit a dentist or have had their teeth cleaned in the past year than women. As adults become more senior, they are less likely to have visited a dentist in the past year, decreasing each decade from ages 45-54, 55-64 and > 65 years. Numerous seniors, 44%, have had permanent teeth extracted due to decay or gum disease.

Periodontal disease has been shown to increase the chances of preterm and low birth weight babies. Younger, less educated, black, unmarried women, and those with Medicaid coverage are less likely to have visited a dentist or dental clinic during pregnancy than older, more educated, married, white, and non-Medicaid enrolled women.

Untreated dental disease is more common in racial/ethnic minority groups and in populations whose access to oral health care services is limited by the inability to pay, lack of adequate insurance coverage and the lack of available providers including those accepting third party reimbursements, especially Medicaid. The lack of awareness of the importance of oral health treatment, limited oral health literacy, fears about treatment, transportation issues and language barriers also limit access to adequate oral health care.

Access to dental care is also particularly problematic for vulnerable populations, such as: the institutionalized, elderly, children with special health care needs, persons with HIV infection, low income, adults with mental illness or substance abuse problems, and developmentally disabled or physically challenged children and adults.

Dentist Visit within the Past Year among Adults

2013 Prevention Agenda Objectives*	83.0%
US*	70.3%
New York†	70.5%
Albany†	75.3%
Rensselaer†	70.5%
Schenectady†	74.6%

* [NYS Department of Health](#)

† Expanded BRFSS Interim Report 2008

Resources

[New York State Prevention Agenda 2013](#)

[The Impact of Oral Disease in New York State](#)

[New York State Department of Health, "Oral Health Care During Pregnancy and Early Childhood Practice Guidelines"](#)



Early Stage Cancer Diagnoses

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the percentage of cancer cases diagnosed at an early stage of disease in New York residents to at least: 80% for breast cancer; 65% for cervical cancer; 50% for colorectal cancer.

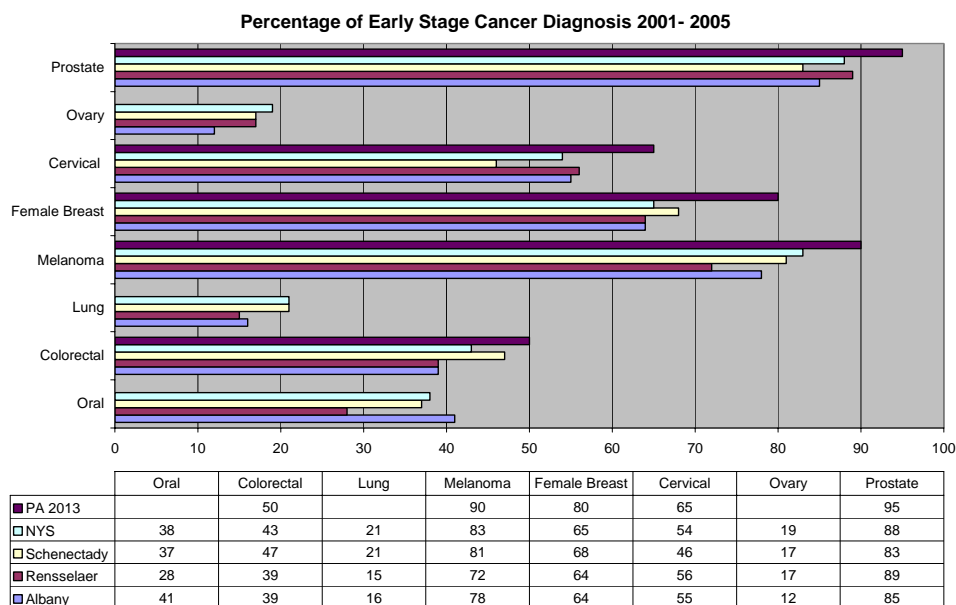
Cancer is a disease in which abnormal cells in the body grow out of control. It can be caused by many different factors (genetics, lifestyle, environment, etc.). Age, gender and race are important factors in the occurrence of cancer. It causes human suffering and significant economic cost.

Cancer is the second leading cause of death in New York State as well as the nation. Each year, about 100,000 New Yorkers are diagnosed with cancer. Lung, colorectal, breast and prostate cancers account for the majority of cancers in New York and nationally. These four types of cancer account for 55.5% of all incident cancers and 50.9% of cancer death.

Many cancer deaths are preventable. The goal of cancer screening is to identify cancers in people before they start to experience clinical symptoms. For several types of cancer, detection at an early stage significantly increases the success and options of treatment. "Early stage" is defined as identifying invasive cancers that are limited to the tissue of origin. The five-year survival rate for breast cancer that is in its earliest stages is 97.0% and only 23.3% at late stage. Similarly, colorectal cancer diagnosed in its earliest stage has a five year survival rate of 90.1% as opposed to later stage disease, which has a five year survival rate of 9.2%.

Over 35,000 New York State residents died from malignant cancers each year between 2002 and 2007. Based on the data from New York State Cancer Registry, the percentages of early stage cancer diagnoses in the Capital District rarely exceed the statewide rates or approach the Prevention Agenda objectives.

While screening for prostate, melanoma and, to a lesser extent, breast cancer has proven effective at diagnosing these cancers at an early stage; early detection of ovarian, lung and oral cancers lags far behind. Still, breast and cervical cancers, followed by colorectal and melanoma cancer diagnoses in the region fall well behind Prevention Agenda objectives. Prostate cancer screenings are not necessarily advisable for all patients. Consultation with a doctor and other reliable sources is advisable prior to proceeding with a screening or any medical procedure. County and State rates of cancer diagnosis in the early stage are reported below:



Source: <http://www.nyhealth.gov/statistics/chac/chai/index.htm>





Breast Cancer

Breast cancer is the second leading cause of cancer death among women in the United States, exceeded only by lung cancer. The fatality of invasive breast cancer is strongly influenced by the stage of the disease at diagnosis. The risk of dying from breast cancer is reduced by nearly 30% among women who have regular mammograms beginning at age 50. Data support that when breast cancer is diagnosed at an early, or localized, stage, 97% of women survive for five years.

The frequency of breast cancer diagnoses occurring at an early stage in the Capital District is well below the prevention agenda objective and New York State experience. At the same time, according to e-BRFSS, over 95% of women age 40 and older in the Capital District reported ever having had a mammogram, 6% above the state rate.

Colorectal Cancer

Colorectal cancer is the third most common cancer and second leading cause of cancer deaths (of cancers that effect both men and women). Ninety percent (90%) of new cancer cases are diagnosed in adults over 50. Routine screening can reduce the number of people who die from colorectal cancer by at least 60%. The rate of colorectal cancers in the Capital District is slightly lower than New York State rate. The percentage of early stage colorectal cancer diagnoses for Capital District counties falls below the prevention agenda goal of 50% by as little as 3% in Schenectady County, and as much as 11% in Albany and Rensselaer.

According to e-BRFSS samples of about 200 adults per county, the Capital District residents reported higher screening rates for colorectal cancer than the statewide rate, although the percentage in general is quite low. In Albany County, only 37.9% of adults interviewed ages 50 and older self-reported having home blood stool test ever. While Rensselaer was somewhat comparable at 40.7%, Schenectady County was much higher at 53.3%. Self reports of ever having a Sigmoidoscopy and Colonoscopy among adults age 50 and older is higher compare to self-reported rates of having home blood stool test. It is highest in Albany and Schenectady Counties, 75.0% and 72.8% respectively, but significantly lower in Rensselaer County at 59.4%.

Cervical Cancer

Since screening programs using a Pap test were widely implemented more than 50 years ago, cervical cancer deaths have declined 75 percent nationwide. Yet cervical cancer still takes the lives of approximately 4,000 women in the United States each year.

Cervical cancer diagnoses occurring at an early stage is well below the prevention agenda objective in the Capital District counties by as little as 9% in Rensselaer County and as much as 19% in Schenectady County. At the same time, the percentage of women reporting ever having a Pap test in the Capital District approaches or exceeds the statewide rate of 92.5% (Albany – 98.0%, Schenectady - 95.5%, Rensselaer – 91.4%).

In general, gender and race are important factors in frequency of different types of cancers. While cancer is the leading cause of death for women, at all ages, women have lower incidence and mortality rates than men in the same age group and this gender difference has remained stable over time in New York State. Women have higher percentage of cancers diagnosed at an early stage compared to men in all three Capital District counties.

Cancer does not affect all races equally in the United States. African Americans are more likely to die of cancer than people of any other racial or ethnic group. Early diagnosis is critical for cancer control. In New York, for each anatomical cancer site, the percent of black males diagnosed at a later stage is higher than for white males. This is also true for black females in comparison to white females, except for cervical and ovarian cancers, for which the percent diagnosed at a localized stage does not vary by race. The reason for these differences is not clear.



Numerous studies provide evidence that early detection of cancer matters. The Capital District falls below the desired goal in early detection of cancer. Efforts to reduce cancer incidence should increase access to and use of proven, existing screening methods and focus on minorities, especially for underserved populations.

Resources

[Basic Information about Breast Cancer; CDC](#)

[New York State Comprehensive Cancer Control Plan](#)

[New York State Department of Health: Cancer Statistics](#)

[Cancer Prevention and Control; CDC](#)

[New York State County Health Assessment Indicators \(CHAI\)](#)

[New York State Department of Health: Cancers Diagnosed at an Early Stage by County, 2002-2006](#)

[Halting the Cancer Burden; CDC](#)

[Preventing Chronic Disease: Investing Wisely in Health; CDC](#)

[New York State Community Health Data Set: Uterine Cervical Cancer -Deaths and Death Rates](#)

[Death and Death Rates by Selected Causes New York State, 2007 -vital statistic](#)





Tobacco Use

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the prevalence of smoking in New Yorkers so that: The percent of adults who smoke is no more than 12%; The percent of adolescents who smoked in the past month is no more than 12.0%

Preventing and reducing tobacco use is the cornerstone of public health. Tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the country. Cigarette use alone results in an estimated 438,000 deaths each year, including 25,500 deaths in New York State.

In addition to its direct impact on smokers, smoking negatively affects non-smokers in proximity to smokers. Every year, 2,500 New Yorkers die from the affects of second-hand smoke. Secondhand smoke contains hundreds of toxic and cancer-causing chemicals. The Surgeon General has stated that there is no safe level of exposure to secondhand smoke. The U.S. Environmental Protection Agency has classified secondhand smoke as a known human carcinogen (cancer-causing agent).

There are 389,000 children alive today who will die prematurely from second hand smoke. Many more children exposed to secondhand smoke will suffer from respiratory illnesses including bronchitis and pneumonia, asthma, and eye and ear problems.

More than half a million New Yorkers currently have a disease caused by smoking, resulting in about \$8.17 billion in health care expenditures annually. Tobacco use and secondhand smoke exposure causes heart disease and stroke; chronic lung disease; cancers of the lung, mouth, pharynx, esophagus, and bladders; and other lung and vascular diseases. Tobacco use during pregnancy leads to poor birth outcomes and increases the chances for sudden infant death syndrome.

Percent of Cigarette Smoking in Adults*

Prevention Agenda 2013 Objective	12%
New York State (2006)	18.2%
Albany County	16.8%
Rensselaer County	24.3%
Schenectady County	22.8%

* NYS Department of Health Prevention Agenda; [Indicators For Tracking Public Health Priority Area.](#)

In the Capital District, the prevalence of cigarette smoking is highest in Rensselaer County, at exactly double the prevention agenda objective. Albany County has the lowest rate of smoking among the Capital District counties. The prevalence of smoking in both New York State and the Capital District exceed the prevention agenda objective significantly.

Nationwide, prevalence of cigarette smoking is highest among American Indians/Alaska natives (36.4%), followed by whites (21.4%), blacks (19.8%), Hispanics (13.3%), and Asians (9.6%).

Smoking is a special problem among youth. Nearly 90% of tobacco users begin before age 18. According to CDC, 20 percent of high school students in the United States were current cigarette smokers in 2007. In New York State, 16.3% of youth currently smoke. In one year, an estimated 23,900 New York youth will become smokers.

Rensselaer County Prevention Needs Assessment (PNA) Survey was conducted during the spring of 2008 among students from 6th-12th grades and 4,579 adolescents, roughly half of all students, participated. Eight percent (8%) of participating adolescents in Rensselaer County reported smoking at least once in the past month, which meets the Prevention Agenda objective of 12%.

In Albany County, 2,315 students from the 7th-12th grades completed the New York State Youth Development Survey in the fall of 2008. According to the survey results, 5% of adolescents from 7th-12th grade smoked in the



past month. More female adolescents reported using cigarettes during last 30 days than males, consistent with national results for 2007. Male teens, however, started smoking at earlier age than females.

Schenectady County schools did not participate in the survey.

There are several factors that are associated with youth tobacco use, such as low socioeconomic status, peer pressure, smoking by parents or guardians, availability and price of tobacco products, etc.

Resources

[New York State Prevention Agenda 2013](#)

[Youth and Tobacco Use: Current Estimates: CDC](#)

[New York State County Health Assessment Indicators \(CHAI\)](#)

Rensselaer County Office of Mental Health

New York State Youth Development Survey, Albany County, OASAS

Prevention Needs Assessment Survey Report for Rensselaer County 2008





Chronic Obstructive Pulmonary Disease

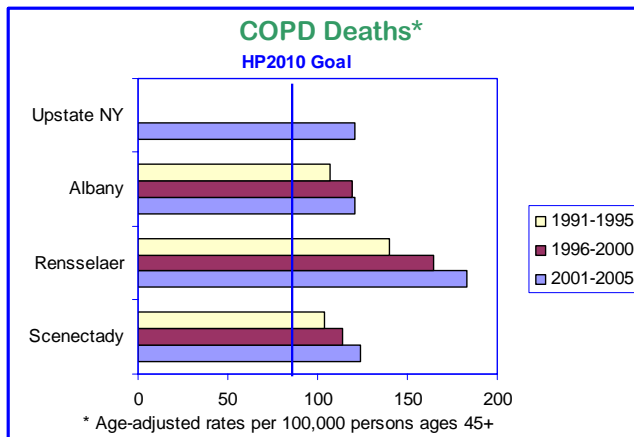
Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the chronic obstructive pulmonary disease (COPD)/chronic lower respiratory disease (CLRD) hospitalization rate in adult New Yorkers 18+ years of age to no more than 31 per 10,000

Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma.

COPD is the fourth leading cause of death in the United States, claiming the lives of 127,049 Americans in 2005. The number of women dying from COPD has surpassed the number seen in men. This is the fifth consecutive year in which women have exceeded men in the number of deaths attributable to COPD. In 2005, almost 66,000 females died compared to 61,000 males.



These increases likely reflect the increase in smoking by women, relative to men, since the 1940s. In the United States, a history of current or former smoking is the risk factor most often linked to COPD, and the increase in the number of women smoking over the past half-century is mirrored in the increase in COPD rates among women.

The prevalence of both COPD morbidity and mortality has been increasing nationwide with COPD being an important cause of hospitalization in older populations. Approximately 65% of discharges were in the 65 years and older age group in 2005.

COPD rates are reported in two ways; for all ages and for adults 45 and older. The chart below demonstrates that

COPD mortality rates for older residents continue to increase in the Capital District, except for Albany County, but are consistent with upstate rates.

Age-adjusted COPD mortality rates for all individuals regardless of age in Albany (39.5 per 100,000) and Schenectady (40.9) counties are above the Prevention Agenda objective of 31, but about equal to the New York State rate excluding NYC of 43. Rensselaer County, however, was about 50% above the state rate at 57.8. COPD mortality rates were quite a bit higher for men than women and for whites than for blacks in Rensselaer County, less so in Albany County, but comparable in Schenectady County (see Appendix IV).

In the United States, tobacco use is a key factor in the development and progression of COPD - people who smoke are 10 times more likely to get COPD than those who don't smoke. Other risk factors include: exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections.

Early detection of COPD might alter its course and progress. A simple test can be used to measure pulmonary function and detect COPD in current and former smokers aged 45 and over and anyone with respiratory problems. Avoiding tobacco smoke, home and workplace air pollutants, and respiratory infections are key to preventing the development of COPD.

Resources

[Facts about Chronic Obstructive Pulmonary Disease \(COPD\); CDC](#)
[American Lung Association](#)

COPD Deaths*

	Total	Male	Females
1996-2000			
Albany	723	325	398
Rensselaer	475	226	249
Schenectady	391	176	215
Capital District	1589	727	862
2001-2005			
Albany	706	304	402
Rensselaer	494	228	266
Schenectady	422	167	255
Capital District	1622	699	923

* NYS Department of Health Vital Statistics



Lung Cancer

Objectives

New York State Prevention Agenda 2013

*By the year 2013, reduce the age-adjusted incidence of lung cancer in New Yorkers to no more than: 62 per 100,000 for males and 41 per 100,000 for females**

Lung cancers are serious public health concern. More people die from lung cancer than any other type of cancer. This is true for both men and women. According to CDC, in 2005 lung cancer accounted for more deaths than [breast cancer](#), [prostate cancer](#), and [colon cancer](#) combined.

Lung cancer incidence in the Capital District and New York State exceeds the prevention agenda objective for both males and females. Rensselaer has the highest incidence of lung cancer among male and female residents compare to Albany and Schenectady counties. The Capital District rates of lung

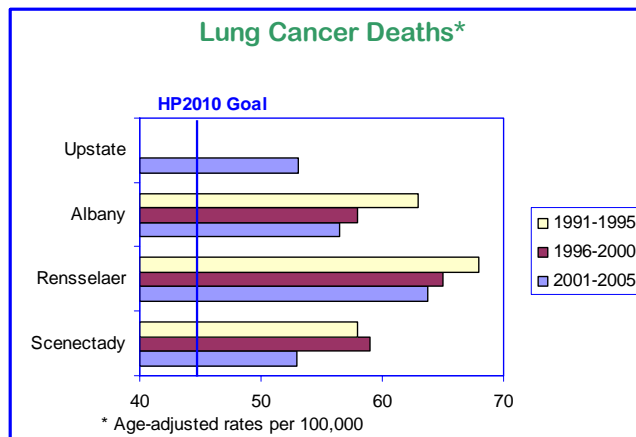
Lung Cancer Incidence

	2001-2005*	
	Males	Females
2013 Prevention Agenda Objectives†	62.0	41.0
NYS	80.8	53.8*
Albany	87.8	67.1
Rensselaer	102.2	74.1*
Schenectady	88.7	64.3*

* Rate age-adjusted to the 2000 US population.

† [NYS Department of Health](#)

Incidence rate per 100,000



cancer incidence exceed the statewide rate for both genders.

While there has been a decline nationally in lung cancer mortality among males, the mortality rate among females has actually increased. All three counties in the Capital District have lung cancer death rates that are slightly higher than the overall U.S. rate. Comparing the 1991-1995 to the 1996-2000 periods, Albany County showed a 7% decrease in its lung cancer death rate. Despite this decline there has been an increase in lung cancer deaths in Albany among people over the age of 75.

Rensselaer showed a 3% decrease in lung cancer rates in the same time period. As with Albany, this decline is mostly seen in younger adults. Males, in every age group showed a decline in lung cancer deaths in Schenectady. However, the overall rate for this county had a 1% increase from the 1991-1995 to the 1996-2000 time periods, because lung cancer death rates increased for women across every adult age group.

Prevention is the only way to reduce the large numbers of premature deaths caused by lung cancer. Studies show that approximately 90% of lung cancer deaths in males and 80% in females can be attributed to smoking. It seems clear that smoking cessation is the single most important way of preventing and reducing lung cancer deaths. Even long-term heavy smokers can greatly reduce their risk of lung cancer by stopping smoking.

Lung Cancer Deaths

	Total	Males	Females
1996-2000			
Albany	957	517	440
Rensselaer	534	315	219
Schenectady	544	292	252
Capital District	2035	1124	911
2001-2005			
Albany	926	471	455
Rensselaer	525	275	250
Schenectady	481	246	235
Capital District	1932	992	940

New York State Cancer Registry





The rate of deaths due to lung cancer showed a steady decline from the 1991-1995 to the 2001-2005 time periods. It is important to note that the impact of any changes in risk factors for a disease like lung cancer, would take 10-15 years to show an impact in death rates. Still, the prevalence of smoking remains high in the Capital District.

Resources

[Lung Cancer Statistics; CDC](#)

[Lung Cancer Trends; CDC](#)

[Lung Cancer: Risk Factors; CDC](#)

[Smoking and Tobacco Use Fact Sheets; CDC](#)



V. Healthy Mothers/Healthy Babies/Healthy Children

Prenatal Care

Objectives

New York State Prevention Agenda 2013

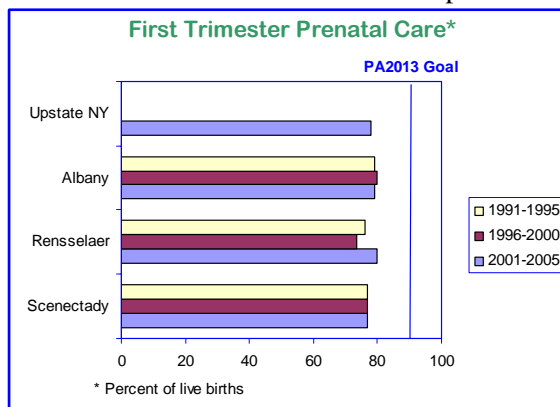
By the year 2013, increase the percentage of women in New York who have received prenatal care in the first trimester to at least 90%.

Prenatal care improves the likelihood of both a healthier mother and a healthier baby. Good prenatal care focuses on nutritional care designed to achieve adequate weight gain and other nutritional needs. It can also provide psychosocial support to assist in smoking and alcohol cessation during pregnancy, if needed.

Delayed access to prenatal care is more prevalent in inner city and rural areas. Lack of child care services and transportation may add to the barriers women face when trying to initiate care in a timely manner.

Nationwide, blacks are less likely to obtain early prenatal care compared with whites. Prenatal care is most often sought by mothers in their late twenties to late thirties. The U.S. in general has seen an increase, of 11% in the proportion of mothers who receive early prenatal care from 1990 to 2003.

In the Capital District, there was little to no improvement in the proportion of mothers who sought early prenatal care in 2001-2005. However, the higher prenatal care averages for Albany and Schenectady County for 2004-2006 indicate that there was an increase in prenatal care more recently. All three counties show a smaller percentage of first-trimester care compared to the U.S. as a whole and remains 10-13% below the Prevention Agenda objective. The rates of all three counties, however, are comparable to Upstate New York rates.



Early Prenatal Care, 2004-2006

	1 st trimester
2013 Prevention Agenda Objectives*	90.0%
US	83.9%
New York	74.9%
Albany	80.2%
Rensselaer	80.2%
Schenectady	76.9%

NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area.](#)

Many women in high-risk groups participate in Medicaid programs. Historically, women enrolled in Medicaid have had more difficulty scheduling first-trimester appointments and receiving the same psychosocial support as have women with private insurance. Prenatal care for mothers in zip codes with lower average income was 16% lower than the county average in Albany, just 5% lower in Troy than the county rate, but over 20% lower in parts of Schenectady than the county rate. It is

important to note that the data used both nationally and in the Capital District to determine access to prenatal care is derived from birth certificates. A limitation of this data source is that it provides no information about the quality of the care obtained.

Resources

[Women's Health USA 2005: Maternal Health: Prenatal Care;](#)
[The Federal Government Source for Women's Health Information: Prenatal Care](#)
[March of Dimes Perinatal Data Center: Perinatal Statistics](#)



Low Birth Weight Births

Objectives

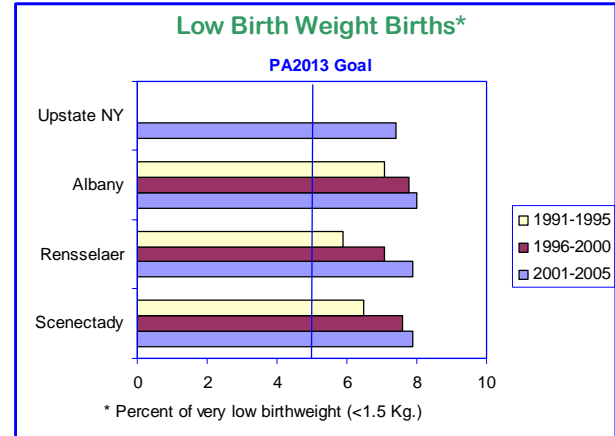
New York State Prevention Agenda 2013

By the year 2013, reduce the percent of New York births that are low birthweight (<2,500 grams) to no more than 5%.

Low birth weight is a term used to describe infants who weigh less than 2500 grams (about 5 ½ pounds) at birth. Low birth weight is a major cause of infant mortality and long term disability.

The prevalence of low birth weight births in Albany and Rensselaer counties is lower compared to the statewide rate. Schenectady has the highest prevalence of low birth weight births among the Capital District counties and almost equals the state rate. Both state and Capital District rates of low birth weight births are above the Prevention Agenda objectives.

Risk factors associated with low birth weight are extremes of maternal age, poor nutrition, inadequate prenatal care,



Low Birth Weight Births

	Total
1996-2000	
Albany	1280
Rensselaer	633
Schenectady	661
Capital District	2574
2001-2005	
Albany	1272
Rensselaer	680
Schenectady	710
Capital District	2662

New York State Vital Records

cigarette smoking, history of having a low birth weight baby,

low socio-economic status and a low level of education. Black infants were two times more likely to have low birth weight than white infants at birth during 2003-2005. Between 1995 and 2005, the rate of infants born at a low birth weight in the United States increased more than 12%. The Capital District has also seen a rise in low birth weight births from 1991 to 2005, moving away from the Prevention Agenda Goal.

Prenatal care with education focusing on behavioral changes, such as the cessation of cigarette smoking and adequate nutrition and weight gain control, would have beneficial effects in reducing low birth weight.



Infant Mortality

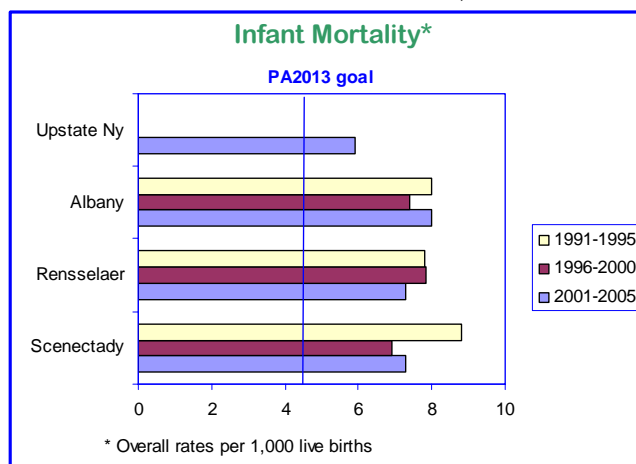
Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce New York's rate of infant deaths to no more than 4.5 deaths per 1,000 births.

Infant mortality has long been considered a good indicator of a community's health. Causes of infant mortality in the United States include respiratory distress and other disorders due to low birth weight and premature birth. Sudden infant death syndrome (SIDS), unintentional injury, and congenital anomalies are other causes of infant mortality.

Infant mortality is reduced when pregnant women make healthy lifestyle choices, such as smoking cessation and avoidance of other harmful substances, maintenance of a nutritious diet and obtaining early prenatal care. These



choices are more common among pregnant women in a community that likewise chooses healthy lifestyles. Infant mortality is reduced in communities that have good neonatal specialty care for sick newborns and access to good pediatric care. This specialized medical care commonly occurs in communities that have good medical care in general. Infant mortality therefore varies among communities in as much as lifestyles, preventive services and medical care varies.

Infant mortality is declining consistently in US, from 8 per 1,000 live births in 1994 to 6.8 in 2004 except for a small spike in 2002. The Capital District shows a slight increase in Albany and Schenectady counties in infant mortality rates in 2001-2005. Rensselaer County experienced a slight decrease. All three counties remain above the upstate New York rate and above the U.S. goal of 4.5 deaths per 1,000 live births.

In the United States race and socio-economic status are important risk factors for infant mortality. Specifically, Black Americans, and those of Hispanic or American Indian descent, have higher rates of infant mortality, as do babies born to mothers with less than 12 years of education. Risk factors for infant mortality include those for prematurity and low birth weight, namely poor prenatal care, tobacco and drug use and teenage pregnancy. These risks are not easily reduced by any one intervention, but may be ameliorated by concerted community interventions, societal pressures and changes in policies that affect the availability of drugs, birth control, prenatal care and post-neonatal medical care.

Infant Mortality

	Total
1996-2000	
Albany	122
Rensselaer	70
Schenectady	60
Capital District	252
2001-2005	
Albany	127
Rensselaer	63
Schenectady	65
Capital District	255

New York State Vital Records

Resources

[Centers for Disease Control and Prevention](http://www.cdc.gov)

[March of Dimes Perinatal Data Center: Perinatal Statistics](http://www.marchofdimes.org)

[United States Department of Health and Human Services: Preventing Infant Mortality](http://www.hhs.gov)





Childhood Vaccines

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the percentage of New York children, aged 19 to 35 months, who are fully immunized (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB) to at least 90%.

Disease prevention is the key to public health. Vaccines are among the 20th century's most successful and cost-effective public health tools for preventing disease and death. Vaccination programs in the U.S. have eradicated or considerably reduced many vaccine-preventable diseases, like polio, measles, etc. Though, these diseases still exist and can once again become common and fatal if vaccination coverage does not continue at high levels.

Immunization of children is especially important. Newborn babies are immune to many diseases as they have antibodies from mothers, but this immunity lasts only a month to a year. Unvaccinated children may not be able to fight the disease when being exposed to a disease agent.

Immunizing children has a positive affect not only at a personal level, but also significant benefit for the whole community, especially for those who are not immunized. People who are not immunized include those who are too young to be vaccinated (e.g., children less than a year old cannot receive the measles vaccine but can be infected by the measles virus), those who cannot be vaccinated for medical reasons (e.g., children with leukemia), and those who do not have an adequate response to vaccination.

The National Immunization Survey (NIS) provides vaccination coverage estimates among children aged 19-35 months for each of the 50 states and selected urban areas. According to the report of the 2007 NIS, for children born from January 2004 to July 2006, more than 90 percent coverage was achieved for most of the routinely recommended vaccines. The majority of parents were vaccinating their children, with less than 1% of children receiving no vaccines by age 19-35 months. Coverage remained high across all racial/ethnic groups and was not significantly different among racial/ethnic groups after adjusting for poverty status. However, for some vaccines, coverage remained lower among children living below the poverty level compared with children living at or above the poverty level.

Currently there is no statistical data available about the fully immunized New York Children aged 19 to 35 months by county.

The New York State Department of Health's (NYSDOH) Bureau of Immunization is committed to promoting the health of New York State children by reducing and/or eliminating the number of vaccine preventable diseases that affect the State's children. As part of this effort, the New York State legislature passed the Immunization Registry Law which, as of January 1, 2008, requires health care providers to report all immunizations administered to persons less than 19 years of age, along with the person's immunization histories, to the New York State Department of Health using the recently launched statewide web-based Immunization Information System (IIS). Once fully implemented, this system will be the official source of New York State immunization information.

Resources

[How Vaccines Prevent Disease: CDC](#)

[New York State Department of Health: Immunization](#)

[New York State Immunization Information System \(NYSIIS\)](#)

[National, State and Local Area Vaccination Coverage Among Children aged 19-35 Months: CDC](#)



Teenage Mothers

Objectives

HP 2010

Reduce pregnancies among adolescent females to no more than 43 per 1,000 females aged 15 to 17.

Infants born to teenage mothers (age 15-17 years) are at higher risk of prematurity and low birth weight, neonatal mortality, and sudden infant death syndrome compared to infants born to mothers in their twenties and thirties. Teen motherhood also reduces a woman's opportunities in both her education and employment.

The national and New York State objectives focus on teenage pregnancies rather than on birth to teenage mothers. It is estimated that up to 50% of teenage pregnancies result in fetal loss or induced abortion.

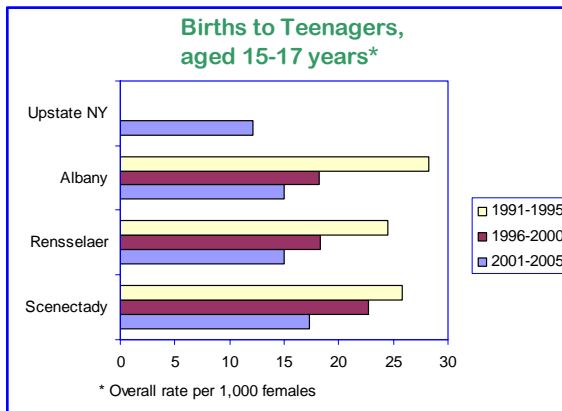
The rate of teenage pregnancies in the U.S. has shown a decline of 34% since 1991, only in 2005-2006 a slight increase. A large proportion of the decline occurred in 1995-1996.

Annual pregnancy data show that most of the decline occurred in the middle of the first decade, similar to national data. However, the later part of the decade show relatively little improvement in the rate of teenage pregnancies. In the second decade, so far we have witnessed an increase in teen pregnancies, albeit an inconsistent one.

Pregnancy Rate among Females Aged 15-17

2013 Prevention Agenda Objectives*	
US	28.0
New York	44.4
Albany	36.7
Rensselaer	27.6
Schenectady	21.3
Schenectady	38.6

* NYS Department of Health Prevention Agenda; [Indicators For Tracking Public Health Priority Area.](#)



The Capital District, over the past decade and a half, has had a decline in births to teenage mothers in each of the three counties. Lower income urban zip codes between 2001 and 2005, however, experience birth to teenagers approaching twice the county average in Rensselaer County, and over 3.5 times the county average in parts of Albany and Schenectady counties. For the most part, these rates declined over the period.

Given the complexity of risk factors; cultural, psychological, socio-economic, etc.,

the issue of teen pregnancy appears to be an issue that requires basic societal changes before interventions have meaningful effect.

Births to Teenagers (15-17)

1996-2000		Total
Albany	478	
Rensselaer	275	
Schenectady	303	
Capital District	1056	
2001-2005		Total
Albany	427	
Rensselaer	226	
Schenectady	254	
Capital District	1007	

New York State Vital Records

Resources

[Adolescent Reproductive Health; CDC](#)

[National Campaign to Prevent Teen Pregnancy; The Public Costs of Teen Childbearing Centers for Disease Control and Prevention](#)



Lead Screening

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the percentage of New York children who had at least one lead screening test by 36 months of age to at least 96%.

Lead poisoning is a public health problem that is totally preventable. Lead is a heavy metal that was used in many products and materials before the risk to young children was identified. Some products contained lead and were used before the danger was recognized, like paints used in older houses before 1978.

Many products that can be hazardous still remain. Lead can be spread widely by air, water, soil, or dust and ingested through swallowing or breathing. This can be extremely dangerous, especially for children and can cause learning disabilities, behavioral problems, mental retardation, etc. Children under the age of 6, but particularly children living at or below the poverty line in older housing are at risk.

Because lead poisoning often occurs with no obvious symptoms, it is crucial to test children for blood lead levels before they are harmed.

Percentage of Children with at Least One Lead Screening by Age 36 Months

2013 Prevention Agenda Objectives*	96.0%
New York State excl. NYC	82.8%
Albany County	78.1%
Rensselaer County	78.5%
Schenectady County	84.3%

* NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area](#)

The percent of children with at least one lead screening by age 36 months in both the Capital District and New York State is below the Prevention Agenda objective. Schenectady County has the highest percentage of children with at least one lead screening compared to Albany and Rensselaer counties.

As lead poisoning is completely preventable, it deserves a coordinated response to reach all affected residents. New York State Public Health Law requires all health care providers to test blood lead levels for all children at ages 1 and 2. Health care providers are also required to assess lead exposure annually for children 6 months to 6 years of age.

Providers are required to distribute guidance material on lead poisoning prevention, risk reduction and nutritional counseling to parents or caregivers of children under 6.

Resources:

[New York State Department of Health: Lead](#)



Children's Oral Health

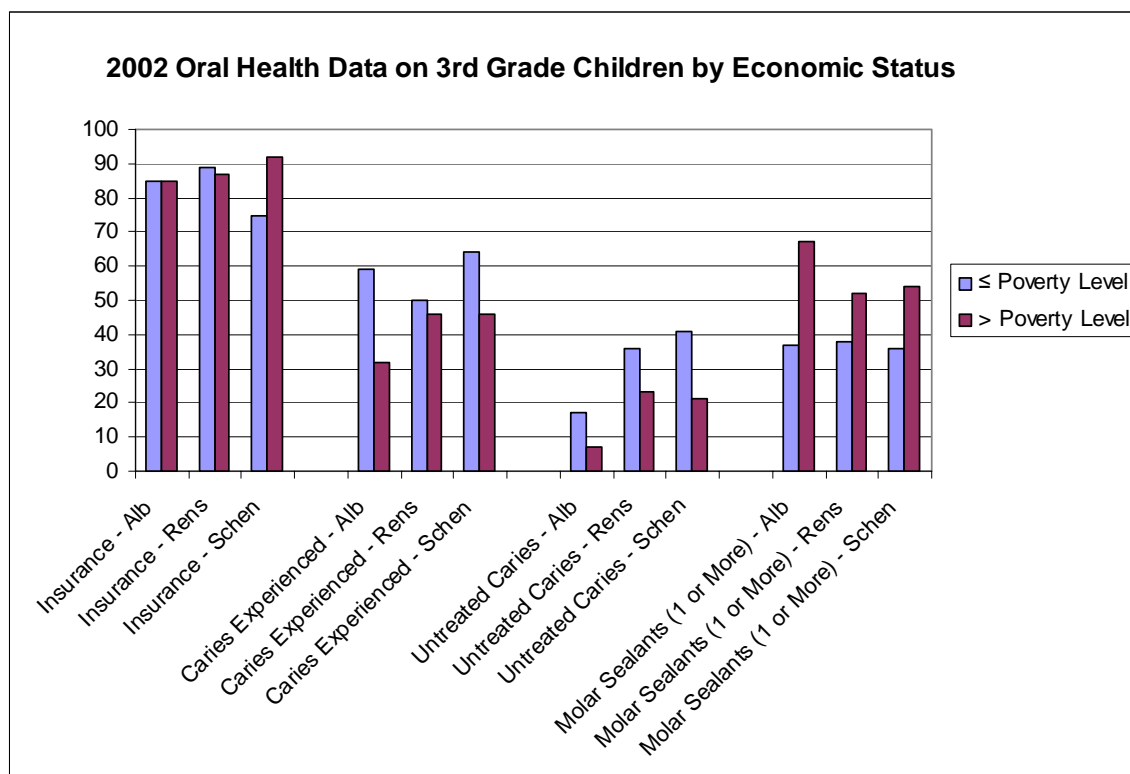
Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the prevalence of tooth decay in New York 3rd grade children to no more than 42%.

Oral health disease can affect a person's ability to eat, how they look, the way they communicate, and for children, their ability to learn and succeed in school.

In 2002, the New York State Department of Health conducted a survey of the oral health of 3rd graders. The following chart shows the percent of children in the Capital District who had dental health insurance coverage, caries experienced, untreated caries, and molar sealants. A large percentage of the children had insurance coverage including those children at or below the poverty level, yet the oral health indicators show that the children at or below the poverty level had poorer outcomes. It can be assumed that the insurance coverage that most of these children had is Medicaid. This further supports the need for increased access for dental health services for uninsured children and those with Medicaid.



The prevalence of tooth decay in 3rd Grade children in NYS was found to be 54%; just over the national average. Local counties demonstrated a lower percentage of decay when children of all socioeconomic levels are considered, however low income children suffer untreated dental disease at nearly twice the percentage of children from higher income families.

In 2000, the Surgeon General issued a report, "Oral Health in America: A Report of the Surgeon General". This report stated that there are profound and consequential disparities in the oral health of the citizens of the United States. The reason for the disparities are complex and include, but are not limited to, socioeconomic factors, lack of community programs such as fluoridated water supplies, barriers to accessing oral health care, lack of resources to pay for oral health care, and the lack of public understanding and awareness of the importance of oral health care.





The Seal A Smile School Based Oral Health Program serves lower-income schools in Albany and Rensselaer counties. A similar program operates in the Schenectady City School District. In Albany and Rensselaer counties, untreated decay was found in the mouths of 50% of the nearly 6,000 children seen from 2006 to 2008. On average, 3.5 untreated cavities were found per child. Eight percent (8%) of children seen had significant dental problems requiring urgent dental care, including pain or active infection.

Dental caries are completely preventable. The difficulty continues to be the low priority often placed on oral health and inadequate access to dental care, especially for low income children. The Surgeon General reports that dental sealants have been shown to reduce decay by more than 70%. Children from higher income families are twice as likely to have sealants as lower income children.

In the Counties of Albany, Schenectady and Rensselaer, there are four hospital-based dental programs, one county health department clinic (Albany County), and two federally qualified health centers serving as the primary providers for all dental care for the publicly insured, uninsured, and underinsured. School-based dental programs such as the Seal A Smile School Based Oral Health Program, St Peter's Ronald McDonald Care Mobile program and Schenectady's Hometown Health provide dental services to children with Medicaid and Child Health Plus as well as uninsured children in the Capital District.

These programs are making significant progress providing needed services. Seal A Smile serves 32% of the 10,221 children attending the 30 schools and 6 Head Start Programs in Albany and Rensselaer counties. The Hometown Health program assists 53% of the 7,759 students attending schools in Schenectady. The St. Peter's program provides care to a much smaller portion of the student population but addresses an important weakness of the other two programs. St. Peter's provides restorative services while the other two programs do not.

Families not able to secure restorative care needed may be one of the reasons that untreated cavity rates have not subsided significantly while sealant rates have increased dramatically. In the first year of Seal A Smile, 4% of the children seen had sealants while in the 2008-2009 academic year over 30% had sealants on their teeth.

Even with the expansion of school-based programs, poor and uninsured residents of the Capital District area do not have adequate access to dental health care. Only 16 of 490 dentists in the tri-county region accept Medicaid patients. Many of these do not serve children. Even those who accept Medicaid often limit the number of individuals on Medicaid to whom they will provide services. One of the major Child Health Plus insurers lists 89 dentists on their web site for Albany County. Random calls to 10% of these found that none would accept Child Health Plus insurance.



VI. Physical Activity/Nutrition

Adult Obesity, Childhood Obesity, Physical Activity

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the percentage of adult New Yorkers who are obese to no more than 15.0%

By the year 2013, reduce the percentage of New York children who are overweight or obese so that:

- *The percentage of children (ages 2-4 years) enrolled in the Supplemental Nutrition Program for Women, Infants and Children Program (WIC) who are obese is no more than 11.6%*
- *The percentage of children ages 6-11 and 12-19 years who are obese is no more than 5%*

By the year 2013, increase the percentage of adult New Yorkers who engage in some type of leisure time physical activity to at least 80%

Adult Obesity

Major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity. Ranges of weight that are greater than what is generally considered healthy for a given height is defined by two terms: overweight and obese. For adults, obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). An adult who has a BMI between 25 and 29.9 is considered overweight and if BMI is 30 or higher than an adult is considered obese. Obesity is caused by complex interaction of genetic, metabolic, behavioral, social and environmental factors. Obesity is associated with adverse health, social and economic consequences. It is the primary cause of type 2 diabetes and a major contributing factor to heart disease, stroke, cancer, asthma, arthritis, and a number of psychological conditions, including depression. More than 80% of persons with type 2 diabetes are overweight or obese.

The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008 and, nationally, obesity among children and adolescents has tripled over the past three decades. The percentage of obese adults in three Capital District counties and New York State exceeds the Prevention Agenda objective. For the e-BRFSS survey sample, Albany County had considerably fewer obese respondents than the other two counties, but rates for all counties are likely under-reported as self-reported height and weight data has been demonstrated to be lower than measured data in approximately 50% of all cases.

Obesity, Adults

	BMI > 30
2013 Prevention Agenda Objectives*	15.0%
US*	25.1%
New York [†]	22.9%
Albany [†]	19.2%
Rensselaer [†]	23.7%
Schenectady [†]	22.9%

* [NYS Department of Health](#)[†]
Interim Report 2008

Expanded BRFSS

Childhood Obesity

Increasing obesity rates are significantly reducing the life expectancy of children and adolescents in the U.S. and New York compared to their parents. The prevalence of obesity among children and teenagers in the U.S. has tripled in the past 20 to 30 years among children, aged 6-19 years, and doubled among preschool children, aged 2-5 years.

For children and teens, BMI percentile ranges above a normal weight have different labels (at risk of overweight and overweight). Additionally, BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages.





Obese Children in WIC

	2-4 years
2013 Prevention Agenda Objectives*	11.6%
US*	14.8%
New York*	15.2%
Albany†	14.4%
Rensselaer†	14.7%
Schenectady†	14.0%

* [NYS Department of Health](#).

† Pediatric Nutrition Surveillance System, 2003-2005

For preschool-age children in New York, data are only available for children from low-income families enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The prevalence of obesity among this group of children is around 14% for all three Capital District counties, below the New York State rate, but significantly above the Prevention Agenda objective.

As with adults, minority youth are disproportionately overweight and obese. The rate of obesity was highest for black teens, followed by Hispanic teens and white teens. Close to 20% of Hispanic teens and black teens are overweight compared to 13% of white youth (YRBSS).

The Prevalence of overweight preschool-age children in

New York aged 2 to 5, is highest among Hispanics, lowest for whites and in between for blacks.

Physical Activity

Physical inactivity is significant factor leading to overweight and obesity among children and adults. Rates of having no leisure-time physical activity are higher among women, older adults, those with lower educational attainment, and ethnic minority populations, particularly blacks and Hispanics.

For the participants in the e-BRFSS, the percentage of adults engaged in some type of leisure time physical activity in the Capital District is comparable and basically consistent with the Prevention Agenda objective. All three Capital District counties exceed the New York State rate of leisure time physical activity.

Leisure-Time Physical Activity, Adults

2013 Prevention Agenda Objectives*	80.0%
US	77.4%
New York	74.0%
Albany	80.6%
Rensselaer	78.7%
Schenectady	80.1%

* NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area](#)

Reference:

[Defining Overweight and Obesity: CDC](#)

[New York State Prevention Agenda 2013](#)

[New York State Strategic Plan for Overweight and Obesity Prevention](#)



Healthy Eating

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the percentage of adult New Yorkers who consume fruits and vegetables five or more times per day to at least 33.0%.

Healthy eating is essential for wellbeing. In the U.S., the average daily caloric consumption has been increasing over the past 20-30 years, the same period in which obesity doubled among adults. Men are consuming, on average, an additional 168 to 268 calories day, and women an additional 143 to 335 calories per day. Trends that contributed to increased calorie consumption over this 30-year period include increased consumption of food outside of home, particularly fast food, larger portion sizes, increased intake of sweetened beverages, etc.

Fruits and vegetable consumption reduces risk of chronic diseases including cancers, cardiovascular disease and hypertension. The 2005 U.S. Dietary Guidelines recommend increased amounts of fruits and vegetables for Americans 2 years and older (USDA, 2005). Four and one half cups (i.e. nine servings) of fruits and vegetables are recommended daily.

Despite long-standing recommendations, about 27% of adults in New York State, and nearly 23% of the U.S. residents report consuming less than the minimum five serving daily. This rate is much less than the Prevention Agenda objective of 33%.

Consumption of 5 or More Servings of Fruits & Vegetables per Day Among Adults

2013 Prevention Agenda Objectives*	33.0%
US*	23.2%
New York†	26.7%
Albany†	20.4%
Rensselaer†	24.7%
Schenectady†	37.0%

* [NYS Department of Health](#)

† Expanded BRFSS Interim Report 2008

The percentage of residents in the e-BRFSS sample consuming 5 or more servings of fruits and vegetables per day is highest in Schenectady County, where 37.0% of 301 adults self-reported having fruits and vegetables five or more times a day. Both Albany County (20.4%) and Rensselaer County (24.7%) had considerably fewer adults eating at least the recommended number of servings. Until additional data is collected, the scale of the Schenectady County discrepancy with the other counties in the region and the state is difficult to interpret as reflective of some community characteristics or an artifact of the sample selected.

According to self-reports from the e-BRFSS data, women's consumption of 5 or more serving of fruits and vegetables

per day is 11% to 18% higher than for men.





Breastfeeding

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the proportion of New York mothers who breastfeed their babies at 6 months to at least 50%.

In regards to healthy eating for infants, breastfeeding is the gold standard. Breastfeeding is essential for the optimal growth and development of children. Human milk provides a mix of micronutrients that uniquely meets the nutritional needs of human infants. Breastfeeding significantly reduces the infant's risk of infections, from diarrhea and colds to meningitis and other serious infections, as breast milk provides antibodies, immune cells, and other anti-infective components. Infants who are breastfed exclusively for 6 months or more usually have fewer medical office visits, receive fewer procedures, need fewer medications, and experience fewer hospitalizations. In addition to these short-term benefits, it is demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. There is increasing evidence that breastfeeding also reduces the infant's risk of childhood and adult obesity.

The American Academy of Pediatrics recommends exclusive breastfeeding for 4-6 months (2004), while the World Health Organization recommends exclusive breastfeeding for the first 6 months of life.

About 24% of women in the U.S. and 38% in New York self-report any breastfeeding at six months, which is well below the Prevention Agenda objective. For the Capital District counties, Albany County has the highest percentage of self-reported cases of mothers breastfeeding at six months. The rate of Capital District Women, Infant, and Children Program (WIC) mothers breastfeeding at six months is markedly lower compared to the statewide rate.

According to the 2005 Pediatric Nutrition Surveillance in New York, the percentage of mothers who breastfeed at least six months is highest among Hispanics (47%), followed by American Indian/Alaskan Native (42%), Asian/Pacific Islanders have the lowest percentage (35.5%) of mothers' breastfeeding reports at least 6 months.

WIC Mothers Breastfeeding at 6 Months*

2013 Prevention Agenda Objectives*	
US	50.0%
New York	24.3%
Albany	38.6%
Rensselaer	20.7%
Schenectady	16.4%
	18.3%

* NYS Department of Health Prevention Agenda; [Indicators For Tracking Public Health Priority Area.](#)

Resources

[Strategic Plan for Overweight and Obesity Prevention - New York State Pediatric Nutrition Surveillance -New York, 2005](#)
[Centers for Disease Control and Prevention](#)



VII. Unintentional Injury

Unintentional Injury Prevention

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the age-adjusted unintentional injury hospitalization rate and mortality rate in New York so that:

- *Age-adjusted unintentional injury-related hospitalization rate is no more than 44.5 per 10,000.*
- *Age-adjusted unintentional injury-related mortality rate is no more than 17.1 per 100,000.*

Overall

Injuries are classified by the external cause and by the injury diagnosis: external cause includes both intent (e.g. unintentional, suicide, homicide) and mechanism (e.g., motor vehicle, firearms, poisoning, suffocation and falls); injury diagnoses include both the nature of the injury (e.g. fracture, internal injury, open wound) and the body region of the injury (e.g. head, chest, extremity).

Unintentional injuries are a leading cause of death for Americans in every age, race, gender, and economic group. For all U.S. resident deaths in 2006, unintentional injuries ranked as the fifth leading cause of death and are even more common for young people.

The CDC reported that in 2003, more than 27 million people had nonfatal unintentional injuries were serious enough to require a visit to an emergency department. Serious injuries have long term impacts on the emotional, physical, and economic well being of people and their families. If the injured are disabled, these impacts can last a lifetime.

Capital District counties have slightly higher mortality rates for unintentional injuries than New York State, but well below the national rate. While Albany County unintentional injury hospitalizations are somewhat lower than the New York rate, Rensselaer and Schenectady counties exceed the state rate. The Capital District has, however, a much higher prevalence of unintentional injuries than the Prevention Agenda.

Unintentional Injuries, All Ages, 2004-2006

	Mortality[*] (per 100,000)	Hospitalizations[*] (per 10,000)
2013 Prevention Agenda Objectives[†]	17.1	44.5
US	39.1	-
New York	21.0	64.7
Albany	22.8	63.8
Rensselaer	24.7	68.1
Schenectady	24.7	73.7

^{*} Rates age-adjusted to the 2000 US population
[†] NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area.](#)





Ages 0-14 Years

Unintentional injuries are the leading cause of death for children under 14 years of age and are the cause of hospitalizations for many young children.

The Capital District has considerably reduced unintentional injuries since 1995, although each county's experience remains slightly higher than the United States rate. This decline appears to be tapering off, however. Albany and Rensselaer Counties continued to see a decline in injury rates from the 2001-2005 to the 1996-2000 period, while Schenectady experienced a slight increase.

Unintentional Injury Hospitalizations Ages 0 to 14

	Total	Males	Females
1996-2000			
Albany	649	379	270
Rensselaer	358	229	129
Schenectady	324	190	134
Capital District	1,331	798	533
2001-2005			
Albany	528	322	206
Rensselaer	324	215	109
Schenectady	366	220	146
Capital District	1,218	757	461

Unintentional Injury Hospitalization Rates Ages 0 to 14, 2001-2005

	Rate	Males	Females
2001-2005			
Upstate NY	33.1	37.1	27.4
Albany	41.6	45.2	36.1
Rensselaer	36.7	43.2	24.2
Schenectady	36.6	39.8	32.2

Boys are much more likely to experience unintentional injuries than females. Black male rates are a bit higher than whites, but non-white/Hispanic/black males have the highest incidence by far. Unintentional injury rates are higher in the Capital District than for the rest of the state.

Ages 15-24 Years

Unintentional injuries are the leading cause of death for adolescents and young adults in the Capital District. The largest source of unintentional injuries and deaths in this age group is motor vehicle crashes, a trend seen nationwide.

Young people ages 15-24 represent only 14% of the U.S. population. However, they account for 30% (\$19 billion) of the total costs of motor vehicle injuries among males and 28% (\$7 billion) of the total costs of motor vehicle injuries among females.

Other causes of unintentional injuries among this age group include sports injuries (often from falls), being struck by an object (such as a baseball), poisonings and injuries from sharp instruments such as knives.

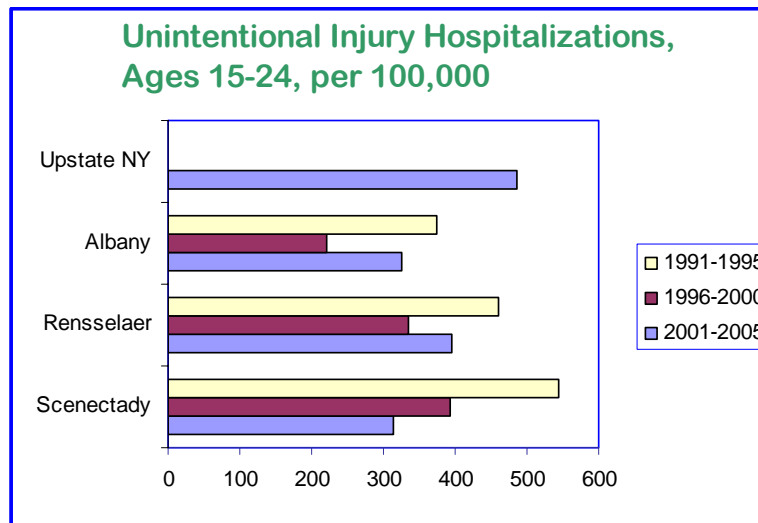
In the Capital District, this age group has shown a significant decline in unintentional injury rates from the 1991-1995 period. During the 1996-2000 time period, Albany County declined by 41% from the preceding 5 year period, and both Rensselaer and Schenectady declined by 28%. Compared to the preceding 5 year period, the 2001-2005 time period hospitalization rates remained almost the same for Rensselaer County, increased in Albany County and Schenectady County showed some decline.

Unintentional Injury Hospitalizations Ages 15 to 24

	Total	Males	Females
1996-2000			
Albany	501	339	162
Rensselaer	381	263	118
Schenectady	351	232	119
Capital District	1,233	834	399
2001-2005			
Albany	548	359	189
Rensselaer	379	272	107
Schenectady	328	243	85
Capital District	1,255	874	381



Males show nearly twice the rate of unintentional injury hospitalizations in this age group than females. Although black males were showing a decline nearly matching white males around 1996/1997, after 1998, this group again has shown an increase in unintentional injuries. During the 2001-2005 period, both black and white males in the 15-24 year age group did not show any significant difference in hospitalization rates in the Capital District.





Ages 65 Years and Older

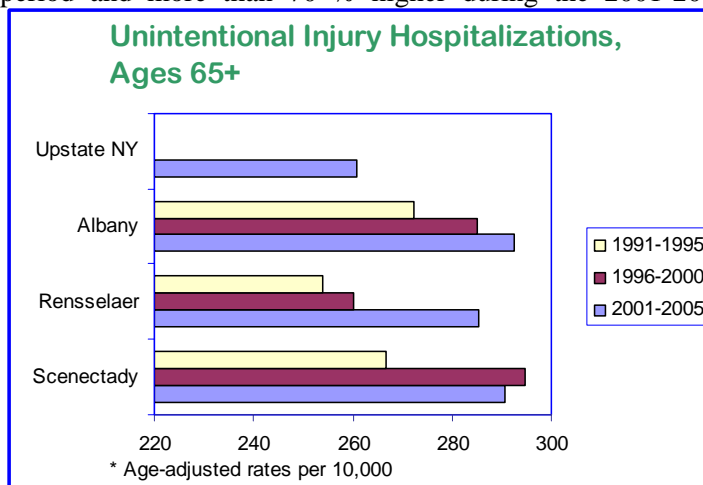
The likelihood of unintentional injuries leading to serious disability is greatest among the elderly. More than one third of adults 65 and older fall each year in the United States. Every 18 seconds, an older adult is treated in an emergency department for a fall, and every 35 minutes someone in this population dies as a result of their injuries. Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes.

The overall rate of hospitalizations due to unintentional injuries has increased in each of the three counties in the Capital District.

When seniors fall, the health consequences can be serious; sometimes the ultimate result is death. Of those who fall, 20% to 30% suffer moderate to severe injuries such as fractures, bruises, head traumas, which can increase the risk of early death and make it hard to live independently. Falls are the most common cause of traumatic brain injury. Developing a fear of falling is common among people who fall, even among those who are not injured. This fear causes them to limit activities, reduce mobility which actually increases their actual risk of falling.

Hospitalizations from the 1996-2000 period were similar to the 1991-1995 period; however deaths from unintentional injuries increased by 31%. The number of hospitalizations continues to increase slightly, while the number of deaths due to unintentional injuries is trending upward marginally.

Whites had a greater rate of hospitalizations compared with blacks during the 1996-2000 time period. It should also be noted that the rates of hospitalization of females were over 60% higher than those of males during this period and more than 70 % higher during the 2001-2005 period. This is likely because of the effects of osteoporosis and the higher median age for women.



Unintentional Injury Hospitalizations Ages 65 and Older.

	Total	Males	Females
1996-2000			
Albany	6,118	1,532	4,586
Rensselaer	2,723	722	2,001
Schenectady	3,646	1,026	2,620
Capital District	12,487	3,280	9,207
2001-2005			
Albany	6,674	1,772	4,902
Rensselaer	3,020	867	2,153
Schenectady	3,848	1,159	2,689
Capital District	13,542	3,798	9,744

The increased risk of falls and serious injury among seniors may be a result of the increased use of medications that impair perception, diseases that impact balance (e.g. vertigo) and physiological changes associated with aging. Chronic disease processes, such as osteoporosis, also place seniors (especially women) at a higher risk of breaking bones during a fall. An aging senior population in the Capital District may be another reason for the increases seen.

The most common location where the elderly experience serious falls is in the home. There may be several reasons for this. Seniors prone to falling

may stay home more. Also, there may be more hazards in homes than in public places. Finally, if no help is available, seniors may attempt to push their physical limits to continue living in their homes.

Resources

[Teen Drivers: Fact Sheet; CDC](#)

[National Center for Health Statistics: Data on Injuries; CDC](#)

[Unintentional Injury Prevention; CDC](#)

[National Center for Injury Prevention and Control; CDC](#)



Motor Vehicle Related Injuries/Pedestrian Injury

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce age-adjusted motor vehicle-related injury mortality in New York to no more than 5.8 per 100,000.

By the year 2013, reduce the pedestrian injury hospitalization rate in New York to no more than 1.5 per 10,000

Motor vehicle crashes are the leading cause of death for persons 1 to 34 years of age and the leading cause of death from injury for all ages in the United States. Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 41,000 people in the United States die in motor vehicle crashes each year, and crash injuries result in about 500,000 hospitalizations and four million emergency department visits annually.

Motor vehicle injuries cause death, trauma, impairment, huge medical costs, higher insurance premiums, productivity loss at work, financial and other costs to individuals, their families, communities, and society as a whole. The economic burden of motor vehicle-related deaths and injuries is also tremendous, costing the United States more than \$150 billion each year.

Prevalence of motor vehicle related mortality in the Capital District and in New York State exceeds the statewide rate and the Prevention Agenda objective. Rensselaer County has the highest rate of motor vehicle related mortality compared to other Capital District counties.

In the Capital District, as with the rest of the state, men were significantly more likely to die in motor vehicle related accidents, between the years of 2001-2005, than women. This difference is principally due to the higher mortality rates of white men, since black men experience about the same mortality rates in the region as women.

Young adults and seniors are the most at risk age groups for motor vehicle related fatalities. Two out of five deaths among U.S. teens result from motor vehicle crashes. Per mile driven, teen drivers ages 16 to 19 are four times more likely than older drivers to crash. Senior drivers have the second highest motor vehicle mortality rate. In the Capital District, the motor vehicle mortality rate is 20.8 per 100,000 for individuals 15 to 34, only slightly higher than the 19.5 for seniors ages 65 or older. The slight rate difference represents a 32 person difference in fatalities. Motor vehicle fatalities are not a leading cause of death for seniors, but they are a high risk age group partly due to older drivers being more likely to die from motor vehicle accidents than younger drivers.

Pedestrian Injury Hospitalizations 2004-2006

	Hospitalizations* (per 10,000)
2013 Prevention Agenda Objectives†	1.5
US	-
New York	1.9
Albany	1.0
Rensselaer	0.9
Schenectady	1.1

* Rates age-adjusted to the 2000 US population
† NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area.](#)

Motor Vehicle Related Mortality, 2004-2006

	Mortality* (per 100,000)
2013 Prevention Agenda Objectives†	5.8
US	15.2
New York	7.7
Albany	7.0
Rensselaer	10.5
Schenectady	8.1

* Rates age-adjusted to the 2000 US population
† NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area.](#)

People not driving a motor vehicle are at great risk as well. Pedestrian motor vehicle crash deaths account for 11 percent of crash deaths. There were 4,654





pedestrians killed and 70,000 pedestrians injured in traffic crashes in the United States in 2007. Almost half of traffic crashes that caused pedestrian fatalities, involved alcohol either for the driver or for the pedestrian. On average, a pedestrian is killed in a traffic crash every 113 minutes and injured in a traffic crash every 8 minutes.

The prevalence of pedestrian injury hospitalizations for Capital District counties falls below the Prevention Agenda objective and statewide rate as well. The lowest rate is reported in Rensselaer County, followed by Albany County than Schenectady County.

Resources

[Community-Based Interventions to Reduce Motor Vehicle-Related Injuries; CDC](#)

[Older Adult Drivers: Fact Sheet; CDC](#)

[Traffic safety facts pedestrians 2007](#)

[Fatality Facts: Pedestrians 2007](#)

<http://www.cdc.gov/ncipc/whd2004/information/MV-Facts.pdf>



Fall Prevention

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the fall related hospitalization rate among persons aged 65 and over in New York to no more than 155 per 10,000.

Falls are the leading cause of injury deaths among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma. More than one third of adults 65 and older fall each year in the United States. Every 18 seconds, an older adult is treated in an emergency department for a fall, and one of these individuals dies as a result of their injuries every 35 minutes. Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes.

Unintentional falls are a serious threat to the lives, independence and wellbeing of adults ages 65 and older. Of those who fall, 20% to 30% suffer moderate to severe injuries such as fractures, bruises, head traumas, which can increase the risk of early death and make it difficult to live independently. Falls are the most common cause of traumatic brain injuries (TBI). In 2000, TBI accounted for 46% of fatal falls among older adults. Hip fractures are

the most frequent type of fall-related fractures. Developing a fear of falling is common among people who fall, even among those who are not injured. This fear causes them to limit activities, reducing mobility, which actually increases their risk of falling.

In New York State fall-related injuries are the leading cause of injury hospitalizations among older adults. In addition to the consequence of serious injuries, falls have a heavy financial burden, with a yearly cost of \$1.3 billion in New York State for hospitalizations alone.

Falls Hospitalization Age 65+*

2013 Prevention Agenda Objectives[†]	
New York State excl. NYC	155.0
Albany County	214.3
Rensselaer County	260.6
Schenectady County	240.7
	269.9

* Average for years 2001-2005, SPARCS

[†] [NYS Department of Health Prevention Agenda](#)
Rate Per 10,000

The prevalence of fall related hospitalizations among older adults in the Capital District and New York State are significantly above the Prevention Agenda objective. Schenectady County has the highest rate of hospitalizations compared to Albany and Rensselaer counties, but all three counties are well above the statewide rate.

The age adjusted fall mortality rates for years 2001-2005 are below the Prevention Agenda objective and below the New York State rate, exclusive of NYC, except for Schenectady County. The number of people reflected in these rates is quite small, less than 60, making the rates somewhat unstable for sub-populations, but higher mortality rates due to falls are seen in men and to a lesser extent, blacks.

In general, men have higher risk to die from a fall than women. After adjusting for age, the fall fatality rate in 2004 was 49% higher for men than for women (CDC 2005). While New York State and Schenectady County held to this pattern, Rensselaer County had nine times as many men die from falls from 2001-2005 as women and Albany County had more women die from falls. This could be less of a pattern as there being a small number of people who die from falls locally.

Falls Mortality*

2013 Prevention Agenda Objectives[†]	
New York State excl. NYC	6.0
Albany County	5.2
Rensselaer County	4.7
Schenectady County	3.9
	5.9

* Average for years 2001-2005, Vital Statistics

[†] [NYS Department of Health Prevention Agenda; Indicators For Tracking Public Health Priority Area](#)
Rate Per 100,000





Women were more likely to be hospitalized for a fall related injury than men throughout the Capital Region and New York State. Residents who are not black, white or Hispanic are dramatically more likely to be hospitalized for falls throughout the state and region.

The risk of being seriously injured in a fall increases with age. In 2001, the rates of fall injuries for adults 85 and older were four to five times that of adults 65 to 74. Nearly 85% of deaths from falls in 2004 were among people 75 and older (CDC 2006). People 75 and older who fall are four to five times more likely to be admitted to a long-term care facility for a year or longer.

Although one in three older adults falls each year in the United States, falls are not an inevitable part of aging. There are proven strategies that can reduce falls and help older adults live better and longer.

Resources

[Falls Among Older Adults: An Overview; CDC](#)

[Preventing Falls Among Older Adults](#)

[Costs of Falls Among Older Adults; CDC](#)



VIII. Healthy Environnement

Children <6 with elevated lead levels

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce New York's incidence of elevated lead levels in children and in adults in the workforce so that:

The incidence of children aged < 72 months with a confirmed blood lead level of > 10ug/dl (per 100 children tested) is 0

In the Capital District, elevated BLL rates in children are higher than the Upstate New York, between 2003 and 2005, especially in Albany County. Both State and the Capital District counties have the incidence of elevated BLL that is higher than the Prevention Agenda objective.

Incidence of Children <72 Months with Confirmed Blood Lead Level > =10 µg/dl*

2013 Prevention Agenda Objectives[†]	
New York State excl. NYC	1.3
Albany County	2.9
Rensselaer County	1.8
Schenectady County	1.9

* Per 100 children tested

† NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area](#)





Childhood Asthma

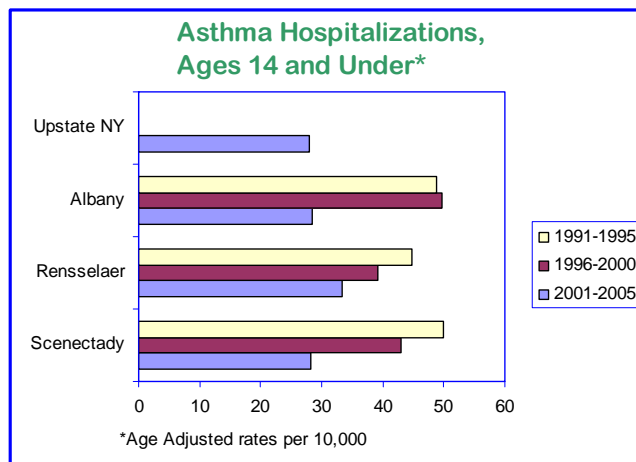
Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce asthma related hospitalizations in New York so that:

- The age-adjusted asthma hospitalization rate is no more than 16.7 per 10,000.
- The asthma hospitalization rate among children (ages 0-17) is no more than 17.3 per 10,000.

Asthma is a chronic respiratory disease, characterized by attacks of difficulty breathing. It is one of the most common long-term diseases of children, but is prevalent in adults as well. In most cases, the causes of asthma are not known.



Nationwide, 9.1% of children, that is about 6.7 million, currently have asthma. An asthma attack is a distressing and potentially life-threatening experience. If poorly treated, asthma can lead to persistent hospitalization and death. Asthma is the third ranking cause of hospitalization in children under the age of 15 years. The estimated cost of treating asthma in those younger than 18 years of age is \$3.2 billion per year.

There has been a sharp increase in asthma prevalence from 1980 to 1996 nationwide. This increase was seen in every age group. However, since 1996 there has not been a significant change. Asthma morbidity is disproportionately higher among children and minorities. Although the rate of asthma deaths increased during

1980-1995, the rate of deaths has decreased each year since 2000.

The significant reduction in asthma hospitalizations for children 14 and under in the Capital District during the 2001-2005 period points to physicians and their patients getting a better handle on the use of maintenance medications for asthmatic children to reduce the occurrence of asthmatic attacks. Boys, however, persist in having a greater likelihood than girls of needing hospital services to treat their asthma.

Individuals with asthma generally can reduce their need for medical intervention by avoiding known triggers and by adhering to the use of medications that prevent asthma attacks.

Asthma Hospitalizations - Persons Aged 14 and Under

	Total	Males	Females
1996-2000			
Albany	1355	839	516
Rensselaer	609	378	231
Schenectady	637	387	250
Capital District	2601	1604	997
2001-2005			
Albany	520	343	177
Rensselaer	294	185	109
Schenectady	284	189	95
Capital District	1098	717	381

New York State Department of Health, SPARCS 2001-2005

Resources

[The State of Childhood Asthma, United States; Advance Data; CDC](#)

[Asthma; CDC](#)

[National Surveillance for Asthma-United States, 1980-2004; CDC](#)

[Basic Information: Asthma; CDC](#)

[Asthma Info For Specific Groups: Kids; CDC](#)



Workplace Injuries

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the work-related hospitalization rate for employed New Yorkers to no more than 11.5 per 10,000 employees

Injuries at work continue to be a major public health problem in the United States. Each year, approximately 6,000 employees in this country die from workplace injuries while another 50,000 die from illnesses caused by exposure to workplace hazards. In addition, 6 million workers suffer non-fatal workplace injuries at an annual cost to U.S. businesses of more than \$125 billion.

Injuries at work have significant direct and indirect consequences. Direct consequences are mostly damage that victim faces right after injury, like personal pain and suffering, loss of income and capacity to participate in activities of daily living. In many cases, the employee is impaired for life and cannot carry out the previous work. Often accident victims face indirect mental health damages after an injury.

The top causes of work-related injury hospitalizations in New York State between 2003 and 2005 are accidents caused by fire, falls, motor vehicle traffic accidents, medical complications and late effects of accidents such as musculoskeletal diseases.

Occupational fatalities and losses arising from workplace disabilities cause tremendous personal and economic costs. There were over 700,000 work-related injuries and illnesses in New York State between 2003 and 2005. The most severe of which resulted in over 40,000 hospitalizations and over 700 deaths. New York State Workers' Compensation paid out more than 9 billion dollars in claims during the period.³

According to New York State Department of Health, the top five industries for work-related injuries and illnesses are: health care, transportation, retail trade, manufacturing and construction. As to the seriousness of the injuries, the construction industry has the highest prevalence of work-related fatalities, followed by transportation, professional/business industries, retail trade and leisure/hospitality. According to the United States Bureau of Labor Statistics, the rate of fatal occupational injuries among self-employed workers is twice the national average for all workers. In addition, there is growing evidence that temporary workers are at higher risk for work-related injury, illness, and death.

The prevalence of work related hospitalizations for the Capital District and New York State exceeds the Prevention Agenda objective but is generally below the statewide rate.

Work Related Hospitalizations Rate, 2004-06*

2013 Prevention Agenda Objectives[†]	
New York State	11.5
Albany County	16.0
Rensselaer County	12.8
Schenectady County	17.0
	13.7 ^{††}

* Hospitalization rate is per 10,000 employed persons aged 16+ years

[†] NYS Department of Health Prevention Agenda;

^{††} 2005-2007

Resources

[Job Safety and Health](#)

[Fatal Injuries to Civilian Workers in the United States; CDC](#)

[New York State Occupational Injury/Illness Priority Index](#)

[Contingent Workers; CDC](#)





Lead Poisoning Prevention

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce New York's incidence of elevated lead levels in children and in adults in the workforce so that:

The incidence of elevated blood lead levels (>25 ug/dl) per 100,000 employed persons age 16+ is 0.

Although considerable progress has been made in reducing blood lead levels (BLLs), lead poisoning, which can adversely affect vital organs and the brain, remains a preventable environmental health problem. Lead poisoning occurs in all population groups; however, the risk is historically higher for persons having low income, living in older housing, and belonging to certain racial and ethnic groups.

Workers can be exposed to lead by creating dust or fumes during everyday work activities. Fumes are easier to breathe in and therefore may be more dangerous than dust. It can cause adverse health outcomes among workers and can be manifested by the following symptoms: headaches, tiredness, muscle and joint pain, memory problems, etc.

The elevated BLL rate for employed persons in the Capital District counties and New York State are far beyond the Prevention Agenda goal. Schenectady County has the highest incidence of elevated BLL that is more than five times higher than Albany County rate and almost twice the Rensselaer County rate.

Elevated Blood Lead Levels of Employed Persons age 16+ years*

2013 Prevention Agenda Objectives[†]	
New York State excl. NYC	0.0
Albany County	6.0
Rensselaer County	1.9
Schenectady County	6.2
	11.0

* 25 µg/dl per 100,000

† NYS Department of Health Prevention Agenda;
[Indicators For Tracking Public Health Priority Area](#)

Reduction in lead poisoning over time can be addressed by identifying persons at risk, conducting professional and public education campaigns, implementing broad-based screening measures to find those at risk and ensure that they receive preventive interventions, and continuing effective community efforts to clean up problem areas, namely, substandard housing units.

Resources

<http://www.health.state.ny.us/publications/2585/>
www.cdc.gov



IX. Chronic Disease

Diabetes

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the prevalence of adult diabetes and hospital complications of diabetes in New York so that:

- *The percent of adults with diabetes is no more than 5.7%.*
- *The rate of hospitalizations for short-term complications of diabetes are no more than: 2.3 per 10,000 (ages 6-17) and 3.9 per 10,000 (ages 18+)*

Diabetes is a serious public health concern. Nearly 24 million people in the United States have diabetes, almost 8 percent of the population. Another 57 million people are estimated to be at risk of diabetes, commonly referred to as pre-diabetics.

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. There are two major type of diabetes: Type I and type II. Type II diabetes, or non-insulin dependent diabetes mellitus (NIDDM), accounts for about 90% to 95% of all diagnosed cases of diabetes. This type of diabetes has become more prevalent in the United States, particularly among minorities. According to recent studies, type II diabetes, formerly called “adult” diabetes, is being seen with alarming frequency among children.

Diabetes Prevalence in Adults

2013 Prevention Agenda Objectives*	
US	5.7%
New York	7.5%
Albany*	7.6%
Rensselaer*	6.3%
Schenectady*	8.2%
	6.1%

* [NYS Department of Health Prevention Agenda](#)

Diabetes, according to the American Diabetes Association, cost the 21st Congressional District \$400 million in 2006. These costs could be considerably reduced and important personal benefits realized by diabetics choosing to make some lifestyle changes.

Diabetes short-term complication hospitalizations

	Total	Males	Females
1996-2000			
Albany	24,202	10,993	13,209
Rensselaer	13,098	5,921	7,177
Schenectady	13,939	6,455	7,484
Capital District	51,239	23,369	27,870
2001-2005			
Albany	30,128	13,955	16,174
Rensselaer	16,981	7,789	9,192
Schenectady	17,662	8,307	9,354
Capital District	64,771	30,051	34,720

The prevalence of diabetes among adults in Albany and Schenectady counties is slightly below the statewide rate and but still exceeds the Prevention Agenda objective. Adults in Rensselaer County have the highest prevalence of diabetes in the region, exceeding the state and national averages. Short-term diabetes complications have increased at an alarming rate in the Capital District. Compared to 1996-2000 hospitalization rates, 2001-2005 diabetes hospitalizations are up 24%, for Albany County, to 30% in Rensselaer County. The rates are somewhat

higher for men than for women in each county.

Short-term complications of diabetes are a result of extreme fluctuation in blood sugar levels. They include: Hypoglycemia (low blood sugar), diabetic hyperosmolar syndrome (high blood sugar) and Diabetic ketoacidosis (increased blood acids). These short term complications require emergency care. The prevalence of diabetes hospitalizations due to short-term complications in the Capital District exceeds the Prevention Agenda and statewide rates for the group of residents ages 6-17 and over 18. For both age groups, Albany County has the highest rates of hospitalizations due to diabetes short-term complications, compared to the other two counties.





Besides short-term complications, diabetes is characterized by severe long-term negative effects as well. Serious complications can arise if diabetes is not controlled by careful adherence to medical management and proper dietary modification. Complications of uncontrolled diabetes include heart disease and stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease, complications of pregnancy, etc.

Diabetes Short-Term Complication Hospitalization Rate

	Age	
	6-17	18+
2013 Prevention Agenda Objectives*	2.3	3.9
NYS	3.0	5.3
Albany	4.6	5.3
Rensselaer	2.8	4.9
Schenectady	3.6	5.2

* [NYS Department of Health Prevention Agenda](#)
 * Rate per 10,000

The prevalence of hospitalization due to both short and long term complications of diabetes, as well as all diabetes admissions was highest in Albany County compared to other two counties for the years of 2005-2006.

When diabetes is the primary diagnosis, as well as when diabetes is any part of a hospitalization diagnosis, Capital District rates are relatively close to New York State rates, excluding New York City. Whites and blacks across the Capital District ages 15-44 are on average have about a 20% higher prevalence of primary diabetes diagnoses than the rest of the state. But both the primary diabetes diagnoses and any diabetes diagnoses are dramatically higher than state rates when non-white/black/Hispanic residents are included in the rates. Diabetes hospitalizations for this population are 6-7 times higher than for blacks and 18-22 times higher than for whites.

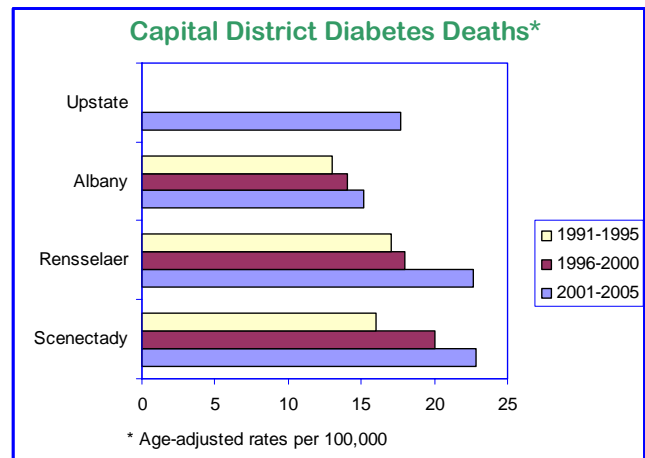
Diabetes Hospitalization Rates*

	Short-term Complication	Long-term Complication	All Diabetes Admissions
Albany	5.6	11.3	22.6
Rensselaer	5.0	10.5	20.5
Schenectady	4.6	10.2	20.3

* NYS Department of Health Prevention Quality Indicators SPARCS data 2005-2006, Age and sex-adjusted rates per 10,000

three counties. Age adjusted diabetes mortality rates for 2001-2005 were twice as high for blacks as for whites and somewhat higher for men than for women. While complications from diabetes contribute to many premature deaths, most death certificates do not list diabetes as the underlying cause of death, thus the actual number of deaths related to diabetes is underestimated.

Similar to patterns seen nationally, in the Capital District the age-adjusted rate of diabetes deaths has increased from the 1991-1995 to the 2001-2005 periods in each of the



Resources

[Press Release: Number of People with Diabetes Increases to 24 Million; CDC](#)

[National Diabetes Fact Sheet, United States 2005; CDC](#)

[Crude and Age-Adjusted Percentage of Civilian, Noninstitutionalized Population With Diagnosed Diabetes; CDC](#)

[National Diabetes Fact Sheet 2007; CDC](#)

[New York Surveillance Data; CDC](#)



Coronary Heart Disease

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the age-adjusted coronary heart disease hospitalization rate in New Yorkers to no more than 48 per 10,000

Coronary heart disease (CHD or heart attack) is the number one killer in New York State. Residents of New York State are 29% more likely to die from coronary heart disease than the next leading cause of death.

It is estimated that more than 1 million Americans will have a new or recurrent coronary attack, and about one-third of them will die. Every 29 seconds, an American will suffer a coronary event, and about every minute someone will die from one. Each year more than 250,000 people will die of CHD within 1 hour of the onset of symptoms and before they reach a hospital. Almost 14 million people have a history of heart disease.

Coronary heart disease is a disorder that affects the heart muscle and the blood vessels. The most serious danger of coronary heart disease is a heart attack, which occurs when the supply of blood to the heart is greatly reduced or stopped due to a blockage in a coronary artery.

Studies among coronary heart disease patients have shown that 90% have prior exposure to at least 1 of these heart disease risk factors: high blood cholesterol or taking cholesterol-lowering drugs, high blood pressure or taking blood pressure-lowering drugs, current cigarette use, or a clinical report of diabetes.

Coronary Heart Disease Deaths*

	Total	Males	Females
1996-2000			
Albany	3,946	1,754	2,192
Rensselaer	1,699	828	871
Schenectady	2,031	950	1,081
Capital District	7,676	3,532	4,144
2001-2005			
Albany	3,752	1,667	2,085
Rensselaer	1,637	766	871
Schenectady	1,783	870	913
Capital District	7,172	3,303	3,869

* NYS Department of Health Vital Statistics

The impact of cardiovascular disease is overwhelming. About 950,000 Americans die each year and 61 million, or one quarter of the population, live with the disease. One in five people in the United States has some type of cardiovascular disease. These diseases take more lives than the next five leading causes of death combined (cancer, chronic lower respiratory diseases, injuries, diabetes and influenza/pneumonia).

While coronary heart disease has declined consistently since in 1960's, recently this decline has been more pronounced among males than females and whites than blacks. From 1994 to 2004 the death rate from coronary heart disease declined 33%.

Within the Capital District, age-adjusted heart disease mortality rates remain a leading cause of death. Comparisons between the coronary heart disease mortality rate in the Capital District, from 1991-1995 and mortality from 1996-2000 show a decline in every county, however, all counties continue to have age-adjusted death rates above the Healthy People 2010 goal.

From 1991-1995 to 1996-2000, Albany County shows a 16% reduction, Rensselaer County shows a 24% reduction, and Schenectady County showed a 16% reduction in heart disease mortality rates. These declines were present among both males and females in each age group. In 2001-2005 three counties show a decrease in the mortality rate. During this period, men were approximately 50% more likely to die from coronary heart disease as women. Blacks were more likely than whites to die from coronary heart disease, except in Rensselaer County





where the small number of blacks affected resulted in whites having higher mortality rates. Albany County had the highest mortality rates, 10% above the State, excluding New York City rate.

The hospitalization rates for coronary heart disease hospitalizations have been declining between 2001 and 2005 throughout the Capital District, with the pattern of Albany County having lower rates than the other two counties holding throughout the period.

Fortunately, the risk of developing coronary heart disease can be reduced by altering behaviors and increasing access to medical care

A heart-healthy lifestyle includes eating a diet low in fat, maintaining a healthy weight, living smoke-free and keeping physically active. Routine screening for high blood pressure and high blood cholesterol accelerate identification and treatment of these conditions. Early identification can help minimize the damage that these conditions cause the blood vessels and heart.

Accessing medical care quickly when symptoms of a heart attack occur also reduces death from coronary heart disease. Community interventions can make a difference. Even small changes in these risk factors could prevent many premature deaths.

Coronary Heart Disease Hospitalizations

	Coronary Heart Disease Hospitalizations* (per 10,000)	Congestive Heart Failure Hospitalizations* (per 10,000)
2013 Prevention Agenda Objectives[†]	48.0	33.0
US	-	48.9
New York	61.2	44.3
Albany	37.3	40.5
Rensselaer	52.7	48.3
Schenectady	51.2	57.7

* Rates age-adjusted to the 2000 US population
[†] [NYS Department of Health Prevention Agenda](#).

Resources

[New York State Department of Health: The Burden of Cardiovascular Disease in New York](#)
[Cardiovascular Health in New York State: A Plan for 2004-2010](#)
[Heart Disease Facts and Statistics; CDC](#)
[Heart Disease Prevention: What You Can Do; CDC](#)
[Heart Disease Signs and Symptoms; CDC](#)
[Cardiovascular Disease Statistics](#)
[New York State Department of Health: Coronary Heart Disease; CDC](#)



Congestive Heart Failure

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the congestive heart failure hospitalization rate among New York adults (ages 18+) to no more than 33 per 10,000 (ages 18+).

Congestive heart failure (CHF) is a specific category of Cardiovascular Disease (CVD), like coronary heart disease and cerebrovascular disease (stroke). In contrast to these two diseases, congestive heart failure is not one of the leading causes of death in the state. However, it is one of the fastest growing subgroups of CVD, making it a cause for concern and attention. Congestive heart failure accounts for 2% of all deaths in New York State and 4% of all CVD deaths. However, it has been increasing over the last 20 years.

Congestive heart failure is a disorder where the heart loses its ability to pump blood efficiently, causing fatigue and shortness of breath. Congestive heart failure is not a single disease but the end stage of many different forms of heart diseases. The most common of these is coronary artery disease that develops when the coronary arteries are blocked. In addition to coronary artery disease, hypertension or high blood pressure, and diabetes are the most common causes of heart failure. About 7 in 10 people with heart failure have high blood pressure before being diagnosed. About 22 percent of men and 46 percent of women will develop heart failure within 6 years of having a heart attack.

Despite its low share among CVD deaths, around 5 million people in the United States have heart failure. About 550,000 new cases are diagnosed each year and more than 287,000 people die every year of this condition.

The prevalence of congestive heart failure hospitalizations in the Capital District and New York State significantly exceeds the Prevention Agenda objective. For the period of 2004-2006, all three counties were above the statewide rate, with Albany County twice the State rate.

Heart failure is the most common reason for hospitalization among people on Medicare and is higher for Black than White individuals for this type of care. The prevalence of congestive heart failure is also linked to income, resulting in higher rates among people with lower socio-economic status. Women have a 15% higher hospitalization rate than men in New York State.

Congestive Heart Failure Hospitalization Rate 2004-2006*

2013 Prevention Agenda Objectives[†]	33.0
New York State	46.3
Albany County	40.5
Rensselaer County	48.3
Schenectady County	57.7

* BRFSS Rate per 10,000 (ages 18+ years)

† [NYS Department of Health](#)

Similar to cardiovascular disease, the number of deaths due to congestive heart failure increases dramatically with age. Historically, African Americans are 19% more likely than whites to die from congestive heart failure before the age of seventy-five. Though the age-adjusted CHF mortality rate is higher for men, suggesting that men die from congestive heart failure at younger ages than women, the actual number of women dying from congestive heart failure is greater than men. The prevalence of congestive heart failure is found most often in the older segments of our population, and women constitute over 70% of the population aged 85 and older, resulting in women bearing the greatest burden from this condition.

The quality of life and life expectancy of persons with heart failure can be readily improved with early diagnosis and treatment.

Resources

[The Burden of Cardiovascular Disease in New York](#)

[National Heart Lung and Blood Institute: Disease and Conditions Index](#)

[Cardiovascular Health in New York State: A Plan for 2004-2010](#)



Stroke

Objectives

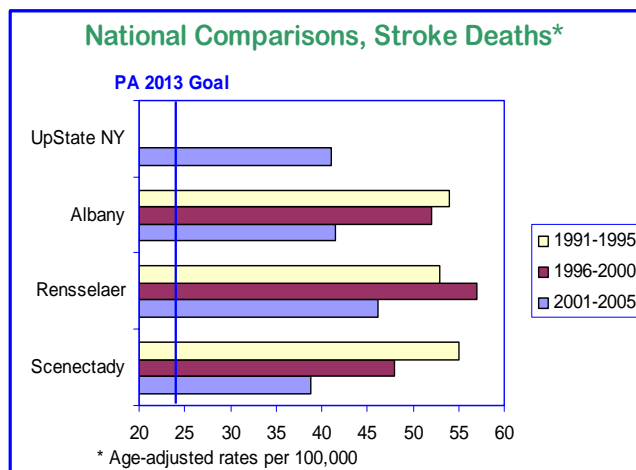
New York State Prevention Agenda 2013

By the year 2013, reduce the rate of Cerebrovascular Disease (stroke) mortality to no more than 24.0 deaths per 100,000

Cerebrovascular disease, or stroke, is the second deadliest form of Cardiovascular Disease (CVD) after coronary heart disease, causing 11% of all CVD deaths. Each year, more than 150,000 people in the United States die from stroke, making stroke the third leading cause of death.

Stroke (Cerebrovascular disease) occurs when a blood vessel that brings oxygen and nutrients to the brain bursts or is clogged by a blood clot or some other particle. Because of this rupture or blockage, part of the brain does not get the blood and oxygen it needs. Deprived of oxygen, nerve cells in the affected area of the brain can't work and die within minutes.

The most important alterable risk factor for stroke is high blood pressure (systolic > 140 mm Hg), which causes about one-fourth of all strokes. Other risk factors include cigarette smoking, diabetes, high cholesterol and use of oral contraceptives. Smoking doubles the risk of stroke and high blood pressure increases stroke risk by 4-6 times (National Stroke Association).



decline is more for whites than blacks and greater for males than females. Mortality from stroke is on decline and by 2004 was 72% lower than it was in 1950. Unlike national trends, stroke mortality is comparable in blacks and whites in the Capital District as it is for males and females. Stroke hospitalizations patterns are more like the nation in that blacks experience higher levels of stroke hospitalization in the Capital District than whites and men are more likely to be hospitalized for stroke than women.

Stroke death rates have declined in all three Capital District counties over the past 15 years generally, but particularly in 2001-2005 compared to 1996-2000.

Stroke mortality, All Ages, 2004-2006

	Mortality*
2013 Prevention Agenda Objectives†	24.0
US	46.6
New York	30.5
Albany	40.0
Rensselaer	39.7
Schenectady	35.7

* Rates age-adjusted to the 2000 US population
† [NYS Department of Health Prevention Agenda](#).
Per 100,000

In addition to fatal outcomes, stroke results in serious long-term disability, causing difficulty with functional limitations and daily activities. According to the American Heart Association, for 2008 direct and indirect costs for stroke is estimated to be \$65.5 billion.

Stroke mortality showed a sharp decline in the U.S. between 1970 and 1980 but has been leveling off since the 1980's. It again declined between 1999 and 2004; the

Stroke Hospitalizations

	Total	Males	Females
1996-2000			
Albany	915	316	599
Rensselaer	475	179	296
Schenectady	485	174	311
Capital District	1,875	669	1,206
2001-2005			
Albany	4,604	1,970	2,634
Rensselaer	2,676	1,241	1,435
Schenectady	3,035	1,389	1,646
Capital District	10,315	4,600	5,715

New York State SPARCS Data



These rates, however remain significantly above the Prevention Agenda objective.

The diagnosis of stroke deaths on death records is often not documented. Therefore, to further understand the condition of stroke in the Capital District it is important to examine hospitalizations as well.

Stroke, similar to most other heart disease, is preventable and changing risk factors can greatly reduce the chances of suffering from this condition.

Resources

http://www.cdc.gov/DHDSPLibrary/fs_stroke.htm

[The Burden of Cardiovascular Disease in New York](#)

[Stroke; CDC](#)

[New York State Department of Health: Stroke](#)

[Morbidity and Mortality:2007 Chart Book on Cardiovascular, Lung and Blood Disease; National Institute of Health](#)

[Risk Factors: Stroke; CDC](#)





Female Breast Cancer

Objectives

New York State Prevention Agenda 2013

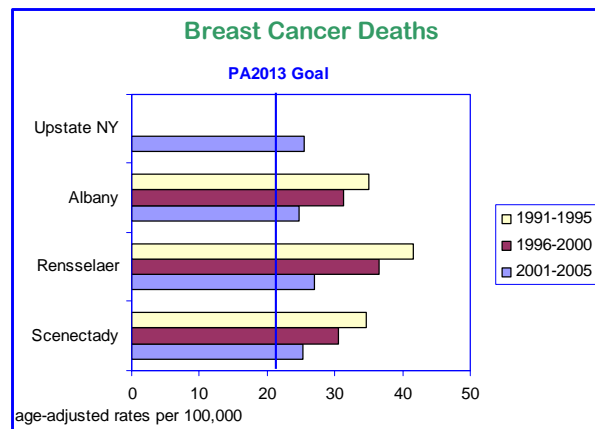
By the year 2013, reduce the age-adjusted cancer mortality rate to no more than: 21.3 per 100,000 females for breast cancer.

Breast cancer is second leading cause of cancer death among women in the US, exceeded only by lung cancer. All women are at risk for breast cancer. Men can also get breast cancer, but this is rare.

Behavioral risk factors amenable to change include obesity after menopause, heavy consumption of alcohol and, possibly, high-fat diets and lack of exercise. Reproductive factors, including having a first child after age 30, and never having children, increases the risk of breast cancer. However, these identified risk factors do not explain the high frequency of the disease in the population.

The fatality of invasive breast cancer is strongly influenced by the stage of the disease at diagnosis. Early detection of breast cancer plays significant role in reduction of breast cancer mortality. Data support that when breast cancer is diagnosed at an early, or localized, stage, 97% of women survive for five years.

All three Capital District counties have age-adjusted breast cancer mortality rates that are slightly higher than national rates and the Prevention Agenda goal, but fluctuate around the New York State rate.



Female Breast Cancer Deaths

1996-2000	Total
Albany	270
Rensselaer	153
Schenectady	145
Capital District	568
2001-2005	
Albany	241
Rensselaer	127
Schenectady	135
Capital District	503

New York State Cancer Registry

The Capital District has shown an approximately 12% decrease in the rate of breast cancer among women when comparing the time periods of 1991-1995 to 1996-2000. The most consistent decline in all three counties is among women aged 35-44.

While breast cancer is more common among whites than blacks, blacks are more likely to die from their cancer.

Behavioral risk factors amenable to change include obesity after menopause, heavy consumption of alcohol and, possibly, high-fat diets and lack of exercise. Reproductive factors, including having a first child after age 30, and never having children, increases the risk of breast cancer. However, these identified risk factors do not explain the high frequency of the disease in the population.

Screening for breast cancer allows early identification and treatment and is the primary way of reducing mortality. It is recommended that all women perform monthly self-breast exams and have routine clinical breast exams. For women

ages 40 and over, routine mammogram tests (breast X-rays) are recommended every one to two years.

Resources

[Breast Cancer Statistics: CDC](#)

[Breast Cancer and You: What You Need to Know: CDC](#)



Cervical Cancer

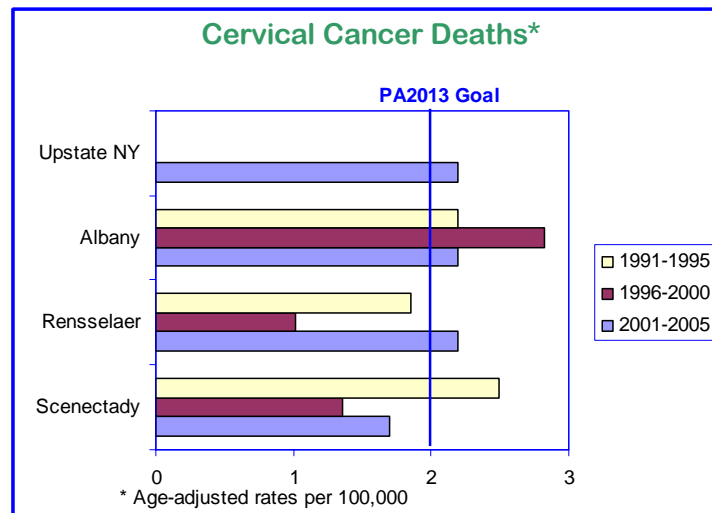
Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the age-adjusted cancer mortality rate to no more than 2.0 per 100,000 females for cervical cancer.

Cervical cancer deaths are nearly 100% preventable with early identification and appropriate treatment. Deaths from cervical cancer have been decreasing over the last several decades. This trend has occurred largely because of screening using the PAP test. This test can detect cervical cancer *in situ*, an early stage of cervical cancer, where the cells are changing in shape and organization but are still localized and pre-malignant.

The rates of cervical cancer in the region hover around the Prevention Agenda objective. The total number of cervical cancer deaths in the Capital District is small making the rate unstable. Thus, the changes seen are very difficult to interpret.



Cervical Cancer Deaths

	Total
1996-2000	
Albany	23
Rensselaer	4
Schenectady	6
Capital District	33
2001-2005	
Albany	20
Rensselaer	9
Schenectady	7
Capital District	36

New York State Cancer Registry

Several factors have been identified that place women at increased risk of developing cervical cancer. The strongest risk factor is unsafe sexual practices, including having multiple partners and having a history of sexually transmitted diseases. Intercourse at a young age also increases the risk of cervical cancer. Another factor associated with developing cervical cancer is cigarette smoking. CDC recommends routine administration of the HPV vaccine for girls 11 and 12 years of age. It is given in a series of three injections over a six-month period. The vaccine is also recommended for girls and women 13 through 26 years of age who did not receive it when they were younger.

Resources

[Cervical Cancer; CDC](#)

[National Cancer Institute: Cervical Cancer Risk Factor](#)

[National Cancer Institute: Cervical Cancer Symptoms](#)

[HPV Vaccine Information for Young Women; CDC](#)





Colorectal Cancer

Objectives

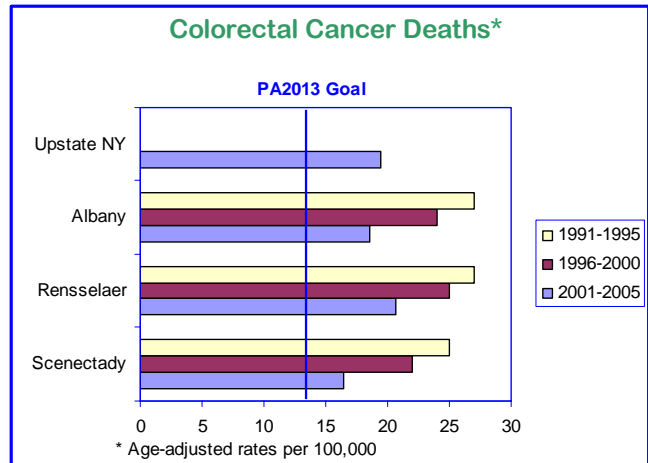
New York State Prevention Agenda 2013

By the year 2013, reduce the age-adjusted cancer mortality rate to no more than 13.7 per 100,000 for colorectal cancer.

Colorectal cancer is the third most common cancer and second leading cause of cancer deaths (of cancers that effect both men and women). Ninety percent (90%) of new cancer cases are diagnosed in adults over 50. Routine screening can reduce the number of people who die from colorectal cancer by at least 60%.

Cancers of the colon and rectum, taken together, are the third leading cause of non-skin cancer death for men (prostate and lung cancers) and women (cancer after breast and lung cancers). While there has been a steady decline in colorectal cancer deaths among whites, blacks in general have shown little change and Black males have shown increased mortality.

The rate of colorectal cancers in the Capital District is slightly higher than the overall U.S. rate and they exceed the Prevention Agenda objective. However, each county



has shown a decline in colorectal cancer rates when comparing the rates for the 1991-1995 to the 1996-2000 time periods. Albany and Rensselaer both show an 8% decline in colorectal cancer. Schenectady shows a 9% decline. This trend of decline continued during the 2001-2005 period also. The declines are seen in both males and females in most age groups.

Lifestyle factors that may contribute to increased risk of colorectal cancer include lack of regular physical activity, low fruit/vegetable intake, low-fiber and high-fat diet, overweight and obesity, alcohol consumption and tobacco use.

Colorectal Cancer Deaths

	Total	Males	Females
1996-2000			
Albany	957	517	440
Rensselaer	534	315	219
Schenectady	544	292	252
Capital District	2,035	1,124	911
2001-2005			
Albany	321	153	168
Rensselaer	171	83	88
Schenectady	159	77	82
Capital District	651	313	338

New York State Cancer Registry

Resources

[Basic Information: Colorectal Cancer; CDC](#)

[Risk Factors: Colorectal Cancer; CDC](#)

[Reducing Risk: Colorectal Cancer; CDC](#)

[U.S. Department of Health and Human Services: Screening for Colorectal Cancer](#)

[Screening Guidelines: Colorectal Cancer; CDC](#)



Prostate Cancer

Objectives

HP 2010

Reduce prostate cancer deaths to no more than 28.8 per 100,000 males (age adjusted to the year 2000 standard population)

Prostate cancer is the second most common form of cancer in men and the leading cause of cancer mortality in men. The United States has seen a 4% decline in prostate cancer deaths during 1992-2004.

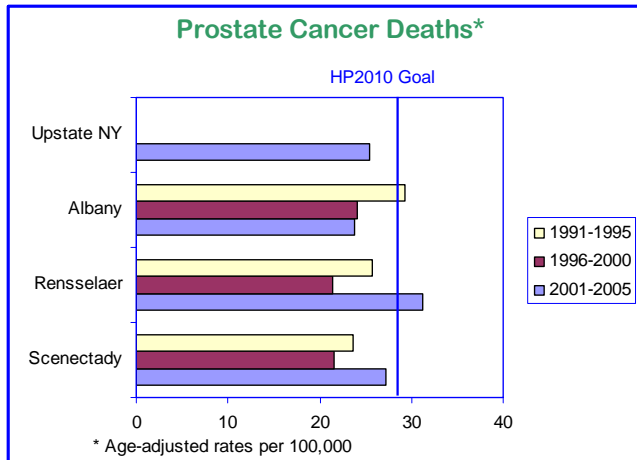
Comparing the time periods from 1991-1995 to 2001-2005, the male-only age adjusted rate of prostate cancer increased for Rensselaer and Schenectady counties and did not experience much change in Albany County.

The risk factors for prostate cancer are not well understood and it is not clear how to prevent the disease. The primary way of preventing premature death from prostate cancer may be through routine screening to detect the disease early in its development. The effectiveness of

Prostate Cancer Deaths

	Total
1996-2000	
Albany	191
Rensselaer	85
Schenectady	104
Capital District	380
2001-2005	
Albany	151
Rensselaer	95
Schenectady	107
Capital District	353

New York State Cancer Registry



widespread screening for prostate cancer is presently uncertain. However most recent recommendations for prostate cancer screening state that the current evidence is insufficient to assess the balance of benefits and harms from prostate cancer screening in men younger than 75 years of age. Also, recent guidelines recommend against screening for prostate cancer in men age 75 years or older. Men with a family history of prostate cancer have double the risk of developing the disease, and more extensive screening tests for this subgroup may be helpful.

Resources

[Basic Information About Prostate Cancer; CDC](#)

[Risk Factors: Prostate Cancer; CDC](#)

[Screening: Prostate Cancer; CDC](#)

[U.S. Department of Health and Human Services: Screening for Prostate Cancer](#)

[U.S. Department of Health and Human Services: Guide to Clinical Preventive Services](#)



X. Infectious Disease Prevention

HIV/AIDS

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the newly diagnosed HIV case rate in New York to no more than 23.0 per 100,000.

HIV stands for the human immunodeficiency virus that attacks the immune system and causes AIDS (Acquired Immunodeficiency Syndrome). AIDS is the final stage of HIV infection. It is among the 10 leading causes of death in major age categories in New York State. The Centers for Disease Control and Prevention (CDC) estimates that approximately 1.1 million persons are living with HIV in the United States.

More people become infected with HIV than die from the disease each year. Prevalence is expected to increase due to the antiretroviral treatment that prolongs the lives of those who are infected. The opportunity for HIV transmission to others grows in parallel to HIV prevalence. The Centers for Disease Control and Prevention (CDC) currently estimates that approximately one in five persons living with HIV in the US is unaware of their infection and may be unknowingly transmitting the virus to others. Research has shown that the majority of people who know they are infected take steps to prevent transmission to their partners. It is vital to identify new cases in order to control the epidemic and accurately measure the HIV prevention efforts and their effectiveness.

New York State has 6.4% of the nation's population, but 16.1% of all persons living with AIDS, the highest percentage of any state. New York's AIDS case rate of 24.9 per 100,000 is double the U.S. average of 12.5 per 100,000. The epidemic affects persons of color in this state in a dramatic and disproportionate way - 78.1% of persons living with HIV and AIDS are persons of color; 44.8% black; 30.4% Hispanic; 1.1% Asian/Pacific Islander; and less than one percent Native American (confirmed cases through December 2007).

New York State has both urban and rural epidemics. Even if New York City cases were excluded, New York State ranks 5th among all states in cumulative AIDS cases and 7th in terms of persons living with AIDS cases nationally.

Newly Diagnosed HIV and Prevalence

	Newly Diagnosed [*]	Prevalence [†]
2013 Prevention Agenda Objectives	23.0	-
New York	24.0	31.7
Albany	12.6	19.5
Rensselaer	8.6	9.7
Schenectady	13.9	11.3

* [New York State AIDS Case Surveillance Registry, 2004-2006](#) rate per 100,000

† <http://www.health.state.ny.us/statistics/diseases/communicable/2007/rates/2.htm> rate per 10,000

The prevalence of newly diagnosed HIV cases is lower for the Capital District than the State rate and Prevention Agenda objective. While the prevalence of newly diagnosed HIV in the Capital District is lower than the State rate, it is significantly higher than the 10.2 persons per 100,000 New York State exclusive of NYC rate for both Schenectady and Albany counties.

AIDS prevalence in Albany County is not as far ahead of the other counties in the region as Albany is with HIV cases. The prevalence of AIDS remains high in Albany and Schenectady counties compared

to the State excluding NYC and Rensselaer County rates. The Albany County AIDS mortality rate is disproportionately high, but that may be another reflection of the availability of services for persons with HIV and AIDS in Albany County which may have caused patients to locate close to the services.

AIDS mortality rates have dropped considerably since earlier in the decade. The AIDS mortality rates in 2001-2005 were 7 to 10 times higher than in 2004-2006. The difference was primarily due to rates for blacks and Hispanics which were elevated, although the number of individuals impacted was less than 10 in Rensselaer and Schenectady Counties. In general, men are much more likely to die of AIDS than women, which is a pattern that



AIDS Prevalence and Mortality Rates per 100,000

	AIDS Prevalence [†]	AIDS Mortality ^{††}
New York State (excluding NYC)	7.7	2.4
Albany County	11.1	4.1
Rensselaer County	6.2	1.7*
Schenectady County	11.1	2.2*

[†] New York State AIDS Case Surveillance Registry, Bureau of HIV/AIDS Epidemiology, 2005-2007

^{††} Vital Records, Bureau of Biometrics and Health Statistics, 2005-2007

* Fewer than 20 events in the numerator; therefore the rate is unstable

infected as are whites, with 105 new infections per 100,000 people as compared with 14. Hispanics are also more likely than whites to acquire new HIV infections, with an estimated 70 Hispanics newly infected per 100,000 residents.

In 2006, almost three quarters of HIV/AIDS diagnoses among adolescent and adults in the US were for males. The largest estimated proportion of HIV/AIDS diagnoses were for men who have sex with men, followed by persons infected through high-risk heterosexual contact.

There are various subpopulations that, because of their particular condition, situation, or activity, may be at risk of or infected by HIV: persons with transgender experience, inmates, individuals with one or more disabilities, mentally ill chemical abusers, homeless individuals, immigrants, migrants and seasonal workers, alcohol and drug users.

Resources

[New York State Vital Statistics](#)

[HIV Prevalence Estimates- United States 2006](#)

[Marks G, Crepaz N; Estimating Sexual Transmission of HIV from persons aware and unaware that they are infected with the virus in the USA](#)

[HIV Transmission Rates in the United States; CDC](#)

[HIV Prevalence Estimates -United States, 2006; CDC](#)

[HIV/AIDS Surveillance Reports; CDC](#)

[AIDS Institute: Ryan White HIV/AIDS Treatment Modernization Act 2009](#)

[The Burden of Infectious Disease - Human Immunodeficiency Virus \(HIV\)](#)

[New Estimates of U.S. HIV Prevalence, 2006](#)

HIV/AIDS Epidemiological Profile , New York State – 2005-2006

holds in Albany and Schenectady, but is inverted in Rensselaer County. Again, the number of people impacted is so small in Rensselaer County that this population rate is highly unstable.

According to CDC, which has developed new estimates of HIV prevalence, gay and bisexual men of all races, African Americans, and Hispanics/Latinos are the most heavily affected by HIV¹¹. Estimates of new HIV infections in 2006 show that African Americans are 7.5 times more likely to be newly





Sexually Transmitted Disease

Gonorrhea

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the gonorrhea case rate in New York to no more than 19.0 per 100,000.

Gonorrhea is the second most commonly reported sexually transmitted disease (STD) in New York State. Gonorrhea is an infection that is spread through sexual contact with another person. The bacteria are found in the mucous areas of the body.

Early detection and appropriate treatment is important. If gonorrhea is left untreated, it will lead to complications such as infertility, pelvic inflammatory disease, and ectopic pregnancy. Pelvic inflammatory disease (PID), a painful condition that occurs when the infection spreads throughout the reproductive organs can lead to sterility in women. Men may suffer from swelling of the reproductive organs. Both sexes may suffer from arthritis, skin problems and other organ infections caused by the spread of gonorrhea within the body.

Gonorrhea Case Rate

2013 Prevention Agenda Objectives*	19.0
US*	120.9
New York Excl. NYC†	66.6
Albany†	141.8
Rensselaer†	79.2
Schenectady†	182.8

* [NYS Department of Health](#)
† [2007 Communicable Disease Annual Reports](#)

Sexually transmitted diseases (STDs) continue to have a significant impact on the health, safety and welfare of citizens of New York State. As in prior years, STDs are the leading category of reported communicable diseases in the State. The 90,777 cases reported in 2006 comprise 72 percent of all communicable diseases reported statewide. In 2006, 17,459 cases of gonorrhea were reported statewide; 10,299 in NYC and 7,160 in the rest of the state.

Gonorrhea is highly prevalent throughout the Capital District, far exceeding the Prevention Agenda objective.

Gonorrhea rates for 2007 in all three counties exceed the New York State rate of 66.6 and have been increasing over the past three years.

Any sexually active person can be infected with gonorrhea. Most often, gonorrhea is found in younger people, ages 15-30, which have multiple sex partners. Gonorrhea is reported more frequently from urban areas than from rural areas.

Sexually transmitted disease control programs across New York State that conduct public health activities aim to: educate the public on safer sex behaviors; prevent the spread of STDs through counseling and treatment of those infected; and provide health services to partners of persons infected with STDs.

Resources

[Bureau of Sexually Transmitted Disease Control: STD Statistical Abstract](#)
[Gonorrhea \(Gonococcal\) Infection](#)
[The Burden of Sexually Transmitted Disease](#)



Lyme Disease

Lyme disease is the most commonly reported tick-borne disease in the United States.

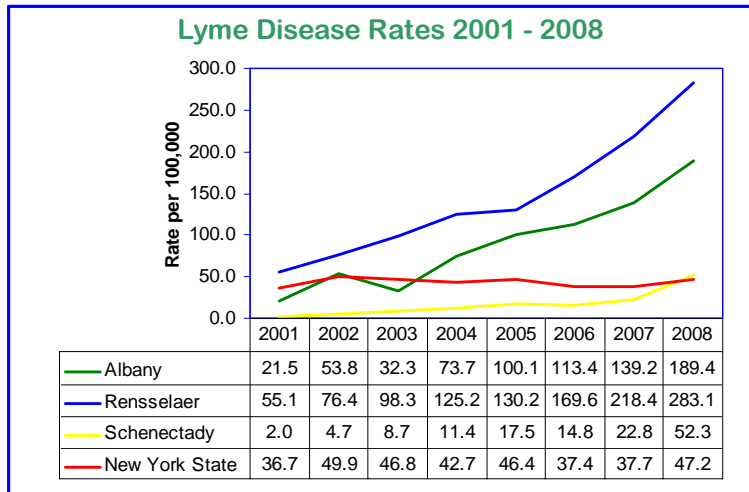
Lyme disease is a bacterial infection caused by the bite of an infected deer tick. If left untreated, the disease can cause negative health outcomes by affecting skin, nervous system, heart and/or joints.

Early detection of the disease is very important, as patients in the early stages of the infection usually recover rapidly and completely. According to the National Institutes of Health (NIH), studies have shown that most patients can be cured with a few weeks of antibiotics taken by mouth. Intravenous treatment with antibiotics may

be necessary for more advanced patients with neurological or cardiac forms of illness.

Patients diagnosed with later stages of disease may have persistent or recurrent symptoms and require longer treatment with antibiotics. Longer courses of antibiotics have been linked to serious complications, including death.

Prevention and early diagnosis of Lyme disease are especially important in pregnant women. Lyme disease acquired during pregnancy may cause infection of the placenta and possible stillbirth. However, a mother receiving appropriate antibiotic treatment has not been linked to negative affects on the fetus. There are no reports of Lyme disease transmission from breast milk.



New York State has the highest number of confirmed cases of Lyme disease in the United States. There have been about 72,000 cases confirmed in New York State since the disease became reportable in 1986.

Cases of Lyme disease have been increasing over the last 8 years in the Capital District. In Albany County, there were 21.5 cases of Lyme disease reported in 2001 and 189.4 cases identified in 2008. While Rensselaer County has had a fewer number of confirmed cases, their Lyme disease rate is even larger than Albany County. Schenectady County has not experienced the same scale of a problem. The statewide prevalence of Lyme disease has been relatively constant over the last 8 years.

In New York State, the highest prevalence of Lyme disease has occurred in the Hudson Valley Region. The prevalence of Lyme disease in the Capital District significantly exceeds to the statewide rate – 175 per 100,000 for all three counties on average compared to 47.2 New York State for 2008.

Lyme disease can affect people of any age. People who spend time in grassy and wooded environments are at an increased risk of exposure. The chances of being bitten by a deer tick are greater during times of the year when ticks are most active.

Resources

<http://www.cdc.gov/niosh/topics/lyme/>
<http://www.health.state.ny.us/diseases/communicable/lyme/>
http://www.cdc.gov/ncidod/dvbid/lyme/ld_humandisease_treatment.htm
<http://www.cdc.gov/niosh/topics/lyme/>
<http://www.wadsworth.org/databank/borreli.htm>



Immunizations for Adults 65 and older

Objectives

New York State Prevention Agenda 2013

By the year 2013, increase the percentage of New Yorkers over age 65+ who receive recommended vaccines so that:

The percent of adults aged 65+ who had a flu shot in the past year is at least 90%.

The percent of adults aged 65+ who ever had a pneumonia shot is at least 90%.

Vaccines are used worldwide to protect against disease by inducing immunity. Immunization is a proven tool for controlling and even eradicating disease. It can avoid suffering, disability and death caused by various infectious diseases. Immunization is particularly important for persons over age 65 that are at a higher risk for complications from flu including dying from the flu. An immunization campaign carried out by the World Health Organization (WHO) from 1967 to 1977 eradicated the natural occurrence of smallpox.

There are several vaccine preventable diseases and flu is among of them. The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Influenza is not the common cold. It is serious condition: every year in the United States on average 5% to 20% of the population gets the flu; more than 226,000 Americans are hospitalized and 36,000 die from influenza-related complications. Flu caused by the influenza virus can cause serious complications: pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma or diabetes.

Influenza viruses can cause disease among persons in any age group, but rates of serious illness and death are highest among persons aged >65 years and this age group is mostly vulnerable to complications.

The best way to prevent the flu is by getting a flu vaccination. The Center for Disease Control and Prevention (CDC) recommends an annual flu shot for over 250 million people in the United States. That's 4 out of every 5 people. Influenza viruses undergo frequent antigenic change, causing annual vaccination necessary against the influenza viruses forecasted to be in circulation that year for those recommended for vaccination.

Pneumonia Shot or Pneumococcal Vaccine

2013 Prevention Agenda Objectives*	
US*	66.9%
New York†	64.2%
Albany†	69.8%
Rensselaer†	69.6%
Schenectady†	79.6%

* [NYS Department of Health](#)

† Expanded BRFSS Interim Report 2008

together are ranked as the eighth leading cause of death in the United States. Pneumonia consistently accounts for the overwhelming majority of deaths between the two. Older adults are especially vulnerable. Adults age 65 and older in the Capital District had their pneumonia shots or vaccine less often than the goal set in the Prevention Agenda, but more often than the statewide average.

Immunized with Flu Shot in Past Year

2013 Prevention Agenda Objectives*	
US*	69.6%
New York†	74.4%
Albany†	82.6%
Rensselaer†	74.8%
Schenectady†	81.6%

* [NYS Department of Health](#)

† Expanded BRFSS Interim Report 2008

The prevalence of flu shots in the Capital District is below the Prevention Agenda objective. Adults over 65 years in Rensselaer County reported the lowest frequency of having a Flu Shot during the past 12 months compared to other Capital District counties, while remaining higher than the statewide rate.

The flu is often complicated by pneumonia which is an inflammation of the lung most often caused by infection with bacteria, viruses, and other organisms although there are also non-infectious causes. Pneumonia and influenza



The prevalence of laboratory confirmed influenza is highest in Schenectady County (19.3 per 100,000 residents), followed by Rensselaer (8.4) and Albany Counties (5.4). The prevalence of influenza is higher statewide and exceeds the rate for Capital District counties.

Schenectady County has the highest incidence of influenza and pneumonia or flu hospitalizations in the Capital District between 2004 and 2006. This is somewhat unexpected given that Schenectady also has the highest rate of self-reported vaccinations for seniors among the three counties in 2008. This may be an artifact of the relatively small sample size for the e-BRFSS data causing a confidence interval of approximately eight percentage points higher or lower for each county. Alternatively, the public may have responded to a higher incidence of pneumonia and the flu in Schenectady County by more seniors getting immunized, or it may be due to another unidentified factor.

Pneumonia/Flu Hospitalizations among Adults Age 65+

New York	17.3%
Albany	16.9%
Rensselaer	18.3%
Schenectady	21.4%

* New York State SPARCS data 2001-2005

The prevention of vaccine preventable diseases is an important public health goal effectively achieved through immunization. Increasing influenza vaccination coverage among adults in the United States will require more cooperation among health-care providers, professional organizations, vaccine manufacturers, and public health departments to raise public awareness about influenza vaccination and to ensure continued distribution and administration of available vaccine throughout the vaccination season.

Resources

[Faces of Influenza: Influenza is Serious-Get the Flue Shot](#)

[The Burden of Infectious Disease-Immunization](#)

[State-Specific Influenza Vaccination Coverage Among Adults - United States, 2006-07 Influenza Season](#)

[Achievements in Public Health, 1900-1999 Impact of Vaccines Universally Recommended for Children](#)





XI. Community Preparedness

Objectives

New York State Prevention Agenda 2013

100% of the population lives within a jurisdiction with state-approved emergency preparedness plans

The Public Health Emergency Preparedness (PHEP) programs at Albany, Rensselaer, and Schenectady County local health departments serve to develop local public health preparedness plans and enhance the each County's capacity for responding to public health threats such as acts of terrorism, pandemic influenza, and other public health emergencies. PHEP programs collaborate with other local, state & federal partners (including but not limited to hospitals, emergency management, first responders), to ensure an integrated and cohesive approach in public health preparedness efforts.

The three county health departments in the Capital District have previously established an informal association to address public health preparedness planning and response issues, and are now in the process of establishing a Capital District Public Health Preparedness Alliance to formalize existing partnerships.

As of 2004, the jurisdictions of Albany, Rensselaer, and Schenectady Counties each had established state-approved emergency preparedness plans (note: Public Health Emergency Preparedness and Response Plans are due to be updated in 2010).

Percentage of Population within Jurisdiction with State-approved EPP 2004**

Prevention Agenda 2013 Objective	100%
New York *	100%
Albany County	100%
Rensselaer County	100%
Schenectady County	100%

[NYS Department of Health](#)

Emergency Preparedness Program Data

** Emergency Preparedness Plans

*2007

Capability gaps are consistent for all three counties in the Capital District, making regional collaboration the preferred approach for achieving sustainable and strengthened public health preparedness and response planning.

Population Living within Jurisdiction of State-approved EPP, 2006

County	Population	Percentage
Albany	297,556	23%
Rensselaer	155,292	12%
Schenectady	150,440	12%

Challenges include the ability of local public health departments to adequately staff emergency response efforts with qualified and trained staff or volunteers; limited availability of resources to prepare for public health emergencies; and a lack of public outreach and messaging capabilities to educate and train constituents across the region.

Public health staff intends to maintain collaboration with state, local and healthcare/hospital partners & community based organizations in the development of plans (including trainings and drills/exercises) that address public health preparedness and response activities. Ongoing public health preparedness planning activities include mass prophylaxis, medical asset management and distribution, volunteer management, risk communication, surge capacity and maintenance or enhancement of epidemiological surveillance and investigation capabilities.

On June 11, 2009 the World Health Organization declared a global pandemic of novel H1N1 influenza. Local health departments, hospitals, and community partners in Albany, Rensselaer, and Schenectady counties have been preparing to address related surveillance, community mitigation, vaccine distribution, risk communication, and medical surge issues.



XII. Mental Health/Substance Abuse

Adult Poor Mental Health and Suicide Mortality

Objectives

New York State Prevention Agenda 2013

Reduce the age-adjusted suicide mortality rate in New York to no more than 4.8 per 100,000.

Reduce the percentage of adult New Yorkers reporting 14 or more days with poor mental health in the last month to no more than 7.8%.

Mental health is a core function of humans which has physical, spiritual, and socio-economic impacts. Poor mental health is a cause of adverse physical health outcomes, academic under-achievement, homelessness, unemployment and isolation.

One in five New Yorkers experiences a diagnosable mental disorder annually; and one in ten experiences an illness serious enough to impair functioning. In the Capital District, the percentage of people experiencing poor mental health is generally consistent with statewide rates except for Albany County, for which the 2008 sample suggests has experienced a reduction more recently in the number of people afflicted. If this rate holds, it would reflect exceeding the Prevention Agenda objective slightly.

Albany County estimates 5.4% of individuals, age 18 and older, are living with severe mental illness, with 2.6% living with severe and persistent conditions. In 2007, close to 1,500 Albany County residents received mental health services across the continuum of care. Schenectady County, by comparison, estimates 5% of residents have severe mental illness and 2% considered to be severe and persistent. They provided 1,300 residents mental health services in 2008. Rensselaer County reports 5.7% of the population with severe mental illness in 2008, approximately 3% of the mentally ill receiving services during the year and as did 2.2% of the severely mentally ill.

Mental illness is treatable and New York State has one of the world's largest mental health systems. The Capital District provides a broad network of mental hygiene services to meet the needs of residents affected by mental illness or emotional disturbance. These services include public, private and not-for-profit providers and target mental health needs from early childhood identification to the unique challenges of seniors; include public, private and not-for-profit providers; and span three disability areas: mental health, chemical dependency and mental retardation and developmental disabilities. New Yorkers with serious mental disorders are generally eligible for Medicaid but considerable numbers are working poor, are under- or uninsured and have difficulty paying for needed services, further stretching over-burdened public mental health service providers.

There are several patient barriers to accessing mental hygiene services: income, stigma, consumers not recognizing the value of treatment, health care providers unaware of treatments, and a complicated system of insurance reimbursement regulations with limits and exclusions.

The mental health system in the region is focusing its continuous improvement efforts upon: timely access to mental hygiene services; youth transitioning between children's services and adult services; individuals living with co-occurring conditions (mental health, chemical dependency, medical, and/or developmental disability); funding/insurance barriers; housing and residential opportunities; seniors; and adults involved with the criminal justice/jail system.

Adults Reporting 14 or More Days with Poor Mental Health in Last Month

2013 Prevention Agenda Objectives		
	7.8%*	
US	10.1%*	
New York	10.4%*	10%†
Albany	10.6%*	7.6%†
Rensselaer	9.4%*	10.6%†
Schenectady	9.6%*	10%†

* [NYS Department of Health Prevention Agenda, 2003](#)

† Expanded BRFSS Interim Report 2008





Suicide Mortality Rate

	Mortality (per 100,000)*
2013 Prevention Agenda Objectives†	4.8
US	10.9
New York	6.4
Albany	6.8
Rensselaer	7.7
Schenectady	10.1

* Rates age-adjusted to the 2000 US population

† NYS Department of Health, 2004-2006

Mental illness is closely linked to suicide, a fatal self-inflicted destructive act with the explicit or inferred intent to die. In general, 80 to 90 percent of people who die by suicide are suffering from a diagnosable mental illness. It is the 14th leading cause of death in NYS. The impact of suicidal behavior is not fully presented in the number of deaths, as there are hospitalizations also following suicidal attempts. Death and injuries caused by suicidal behavior affects the economic, social and health resources of the nation.

The suicide mortality rate for all three Capital District counties are above the New York State Prevention Agenda objective and exceed the statewide rate as well.

Schenectady County has the highest rate of suicide mortality compared to Albany County and Rensselaer County.

Women attempt suicide 20% more often than men, but men are more “successful” in their attempts. Men commit suicide 4.5 times as frequently as women. The suicide mortality rate for Albany County white males is 13.8 per 100,000 residents and only 2.7 among white females. Men, ages 15-54, are the most likely to commit suicide. In the Capital District, the suicide mortality rate for men ages 15-54 is three times more than the statewide rate. As for ethnic disparities, White Non-Hispanic (NH) suicide rate accounts for 75% of suicides and is 1.9 times the Black NH suicide rate in New York State.

Capital District mental health providers are focused on encouraging and sustaining mental health services, supporting it by scientific inquiry and strengthening the health of all citizens with poor mental health and their families.

Resources:

[Office of Mental Health: What is Mental Health?](#)

[Statewide Comprehensive Plan, 2008-2012; A Strategic Plan for New York State's Addictions Services System](#)

[Eliminate Disparities in Mental Health; CDC](#)

[Suicide Prevention Resource Center \(SPRC\); New York Suicide Prevention Fact Sheet](#)

[Suicide Prevention Resource Center](#)

[New York State Department of Health: Adolescent/Young Adult Suicide Death and Death Rates](#)

[Suicide: Facts at Glance; CDC](#)

[Fact Sheet: Suicide; CDC](#)



Alcohol and Substance Abuse

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the percentage of adult New Yorkers reporting binge drinking (5+ drinks in a row) during the past month to no more than 13.4%.

By the year 2013, reduce the age-adjusted drug-related hospitalization rate in New York to no more than 26.0 per 10,000.

Abuse of alcohol and other drugs leads to various acute and chronic adverse health outcomes. There are 1.6 million New Yorkers with a substance abuse problem statewide. These figures do not fully represent the widespread impact of substance abuse because of the millions of other individuals whose lives are also affected: the children, spouses, extended families and innocent bystanders.

Alcohol is the primary substance used by adults; for youth, alcohol, marijuana and prescription drugs are principal concerns. Binge drinking is a common pattern of excessive alcohol use. It is a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. Binge drinking is associated with many health problems, like unintentional and intentional injuries, alcohol poisoning, sexually transmitted disease, unintended pregnancy, children born with Fetal Alcohol Spectrum Disorders, cardiovascular disease, neurological damage etc. Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers.

Binge drinking is directly linked to gender as it is more prevalent in males than in females.

Binge Drinking within the Past Month among Adults*

2013 Prevention Agenda Objectives[†]	
New York State [‡]	19.6%
Albany County [‡]	16.1%
Rensselaer County [‡]	19.7%
Schenectady County [‡]	18.5%

* Defined as men having 5 or more drinks or women having 4 or more drinks on 1 or more occasion within the past month

[†] [NYS Department of Health](#)

[‡] Expanded BRFSS Interim Report 2008

Approximately 34,800 individuals (age 12 and older) are living with chemical dependency problems (13.3% estimated prevalence) in Albany County (Schenectady County – 19,500; 13% estimated prevalence). In 2008, 5,296 Albany County residents received chemical dependency services, across a continuum of care levels, from public and not-for-profit service providers (Schenectady County – 5,500).

Drug abuse causes significant changes in brain structure and function leading to addiction and thus to negative personal and social consequences, deteriorating the ability to function in a family, workplace and community. The

repercussions of addiction have a significant impact on public safety, health, education and welfare of the individual. There is a clear linkage between addictive disorders and other social issues including mental illness, inadequate health care, crime, unemployment, child abuse and neglect, homelessness, and educational deficiencies.

Over half (55%) of all the drug misuse/abuse Emergency Department (ED) visits in the United States in 2006 involved illicit drugs, either alone or in combination with another drug type. Of those ED visits:

Illicit drugs with pharmaceuticals - 8%
 Alcohol only in patients under the age of 21 – 7%
 Alcohol with pharmaceuticals - 10%
 Illicit drugs with pharmaceuticals and alcohol - 3%

Illicit drug only - 31%
 Pharmaceuticals only - 28%
 Illicit drugs with alcohol - 13%

For illicit drugs, cocaine is the most frequent drug involved in ED visits. Stimulants, amphetamines and methamphetamine, are less frequent than marijuana but as frequent as heroin.





Drug Related Hospitalization, 2004-2006

2013 Prevention Agenda Objectives*	<26
New York State	34.0
Albany County	23.8
Rensselaer County	17.3
Schenectady County	22.0

* [NYS Department of Health](#) Rate per 10,000

The drug related hospitalization rate for the Capital District falls below the Prevention Agenda objective (<26 per 10,000). There have been 2,089 drug-related discharges in Albany County during the years of 2004-2006, 937 in Schenectady and 808 in Rensselaer.

Research shows that alcohol, medications, and other drugs have different effects on seniors than on younger persons. The extent of alcohol and medication misuse among seniors is expected to increase significantly. Overall, the total

number of ED visits in the United States, attributable to drug misuse and abuse was stable across 2004, 2005 and 2006.

Resources

[Quick Stats Binge Drinking; CDC](#)

[New York State Office of Alcoholism and Substance Abuse](#)

[Statewide Comprehensive Plan, 2008-2012; A Strategic Plan for New York State's Addictions Services System](#)

[Drug Abuse Warning Network, 2006; National Estimates of Drug-Related Emergency Department Visits](#)

[Substance Abuse Treatment For Injection Drug Users: A Strategy with Many Benefits; CDC](#)

[Substance Abuse and Mental Health Services Administration](#)

[New York State Department of Health: Drug-Related Distarge Rates](#)

[Healthy People 2010](#)

[New York State Prevention Agenda 2013](#)



XIII. Appendixes

County Mortality Rates

NYS Department of Health Vital Statistics, 2001-2005, Age Adjusted

AIDS Mortality Rate per 100,000

	All	White	Black	Men	Women
NY Excl. NYC	2.6	1.2	16.3	3.7	1.6
Albany County	5.0	0.9	32.6	7.2	3.0
Rensselaer County	2.6	1.3	18.3	3.1	2.2
Schenectady County	1.4	0.6	8.3	2.1	0.8

Asthma Mortality Rate per 1,000,000

	All	White	Black	Men	Women
NY Excl. NYC	10.0	8.3	27.0	7.7	11.6
Albany County	13.4	10.2	41.2	9.4	16
Rensselaer County	12.3	13.1	0	8.6	13.5
Schenectady County	6.2	5.3	0	5.3	7.0

Coronary Heart Disease Mortality Rate per 100,000

	All	White	Black	Men	Women
NY Excl. NYC	187.9	189.4	202.3	231.4	154.6
Albany County	203.1	202.6	241.4	248.6	167.4
Rensselaer County	189.6	191.6	148.8	226.8	157.3
Schenectady County	164.8	164.7	205	219.9	125.7

CLRD (COPD) Mortality Rate per 100,000

	All	White	Black	Men	Women
NY Excl. NYC	40.3	42.0	26.6	46.9	36.5
Albany County	39.5	41.3	24.6	45.2	36.3
Rensselaer County	57.8	58.9	32.4	68.3	51.5
Schenectady County	40.9	41.4	37.7	42.3	41.2

Diabetes Mortality Rate per 100,000

	All	White	Black	Men	Women
NY Excl. NYC	17.7	16.9	32.3	21.1	15.1
Albany County	15.2	14.3	29.5	20.1	11.9
Rensselaer County	22.7	22.2	45.3	28.4	18.5
Schenectady County	22.8	21.7	56.4	23.4	21.9



**Falls Mortality Rate per 100,000**

	All	White	Black	Men	Women
NY Excl. NYC	5.2	5.3	2.9	7.1	3.8
Albany County	4.7	5.0	2.4	6.8	3.1
Rensselaer County	3.9	3.8	6.5	7.2	1.8
Schenectady County	5.9	5.6	8.1	8.5	4.0

Homicide Mortality Rate per 100,000

	All	White	Black	Men	Women
NY Excl. NYC	3.1	1.4	15.5	4.5	1.6
Albany County	3.4	1.3	16.1	4.5	2.3
Rensselaer County	2.6	2.0	8.9	3.8	1.5
Schenectady County	5.5	3.1	26.7	7.0	4.0

Motor Vehicle Mortality Rate per 100,000

	All	White	Black	Men	Women
NY Excl. NYC	10.3	10.5	8.6	14.7	6.1
Albany County	5.7	5.9	4.3	7.9	3.6
Rensselaer County	10.5	11.3	2.1	15.6	5.5
Schenectady County	8.7	9.0	5.3	13.9	3.8

Stroke Mortality Rate per 100,000*

	All	White	Black	Men	Women
NY Excl. NYC	41	40.5	50	41.6	39.9
Albany County	41.5	41.7	44.1	40.8	40.4
Rensselaer County	46.2	45.1	60	44.8	45.3
Schenectady County	38.8	38.0	38.8	37.0	39.1

Suicide Mortality Rate per 100,000*

	All	White	Black	Men	Women
NY Excl. NYC	6.9	7.6	3.8	12	2.3
Albany County	7.0	7.5	4.3	12.4	2.2
Rensselaer County	8.3	8.8	0	14.3	2.7
Schenectady County	9.4	8.6	13.8	16.0	3.3

Zip Code Neighborhood Grouping Maps by County

ZIP Code Neighborhood Groupings

Albany County

Name	ZIP Code List	Includes
<u>City of Albany Zips</u>		
Melrose/Manning	12203	
N.Albany/Menands	12204	
West End	12206	Upper Washington
West Hill/S. End	12207 & 12202	West Hill
Rte.20/New Scot.	12208	Woodlawn, Park South, Pine Hills
Delaware/2 nd Ave	12209	
Center Square	12210	Hudson Park, Washington Park
Colonie	12205	
Latham	12110, 12128	Newtonville
Loudonville	12211	
Colonie/Schen.	12303	Zip is in both Albany & Schenectady tables
City of Cohoes	12047	
Watervliet/G.I.	12189, 12183	Green Island
Bethlehem	12054, 12067, 12077, 12161	Delmar, Glenmont, So. Bethlehem, Feura Bush
RCS	12143, 12045, 12158, 12046, 12469, 12007	Ravena, Coeymans, Selkirk, Coeymans Hollow, Preston Hollow, Alcove
Hill Towns	12059, 12023, 12147, 12083, 12120, 12193	East Berne, Berne, Rensselaerville, So. Westerlo, Westerlo, Medusa
Guilderland	12084, 12085, 12009, 12107	Guilderland, Guilderland Center, Altamont, Knox
New Scotland	12159, 12186, 12041	Slingerlands, Voorheesville, New Scotland, Clarksville

Schenectady County

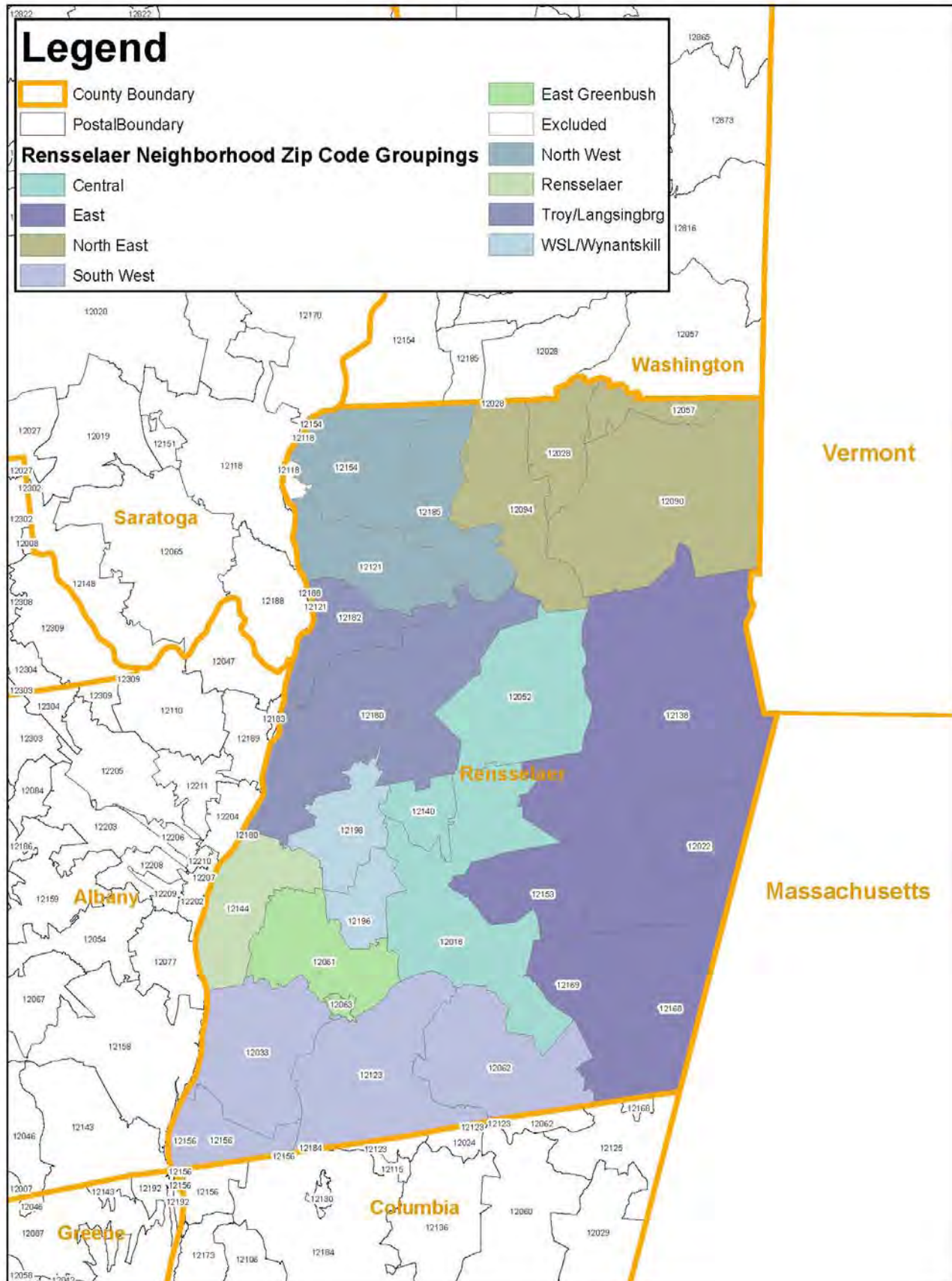
<u>City of Schenectady</u>		
Mont Pleasant	12303	Zip is in both Albany & Schenectady tables
Upper State St	12304	
City/Stockade	12305	
Hamilton Hill	12307	
Goose Hill/Union	12308	
Rural - West	12053, 12056, 12137, 12066, 12150	Duanesburg, Delanson, Princetown, Rotterdam Junction
Niskayuna	12309	
Scotia-Glenville	12302, 12008	
Rotterdam	12306	

Rensselaer County

Troy/Lansingbrg	12180, 12182	
Rensselaer	12144	
East	12022, 12138, 12153, 12168, 12169	Berlin, Petersburg, Sand Lake, Stephentown
North East	12090, 12057, 12094, 12028	Hoosick Falls, Village of Hoosick Falls, Eagle Bridge, Johnsonville, Buskirk
North West	12154, 12121, 12185	Schaghticoke, Melrose, Valley Falls, Village of Valley Falls
South West	12033, 12123, 12156, 12062	Castleton-on-Hudson, Nassau, Village of Nassau, Schodack Landing, East Nassau
Central	12140, 12052, 12018	Poestenkill, Cropseyville, Averill Park
W.Sand Lake/Wyn.	12196, 12198	
East Greenbush	12061	

See maps of the above on the following pages.









Mortality Rates by Disease Category

Crude Mortality Rates by Capital District Community**

Average for Years: 2001-2005

Albany County

	Total Mortality Rate per 100,000		Asthma Mortality Rate per 1,000,000		Coronary Heart Disease Mortality Rate per 100,000		CLRD (COPD) mortality rate per 100,000		Diabetes Mortality Rate per 100,000		Falls Mortality Rate per 100,000		Homicide Mortality Rate per 100,000		Motor Vehicle Mortality Rate per 100,000		Stroke Mortality Rate per 100,000		Suicide Mortality Rate per 100,000	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
New York excl. NYC	96,772	873	122	1	24,354	220	5,129	46	2,239	20	661	6	332	3	1,162	10	5,326	48	794	7
Albany County	2,820	950	5	2	750	253	141	48	54	18	17	6	10	3	18	6	155	52	22	7
Melrose/Manning	336	1,021	1	2	113	342	13	40	6	17	2	5	1	3	1	3	18	55	3	8
N.Albany/Menands	119	1,897	*	3	37	587	6	103	2	38	*	3	*	3	1	9	4	72	1	10
West End	143	909	*	1	40	252	5	32	2	15	*	1	2	15	*	3	7	47	1	5
West Hill/S. End	115	1,003	1	9	27	237	4	38	2	16	1	7	3	22	1	7	4	33	1	9
Rte.20/New Scot.	245	1,159	*	*	74	350	10	47	6	27	1	6	1	4	1	4	13	61	1	6
Delaware/2 nd Ave	100	1,010	*	2	27	272	5	49	2	18	1	8	*	*	1	10	5	49	1	12
Center Square	59	637	*	*	16	177	1	13	1	11	*	4	1	13	1	9	2	25	1	6
Colonie/Schen.	271	964	1	2	62	221	17	59	8	27	2	6	1	3	2	9	15	53	3	11
City of Cohoes	197	1,094	1	3	45	250	12	67	4	21	1	7	*	2	1	6	15	84	1	8
Colonie	311	1,176	*	1	77	291	18	67	6	24	3	11	*	*	2	9	16	59	2	6
Hill Towns	86	808	*	2	20	188	5	45	2	19	*	2	*	2	1	8	4	41	1	13
Latham	161	803	*	2	38	188	8	40	3	13	1	6	*	*	1	6	10	48	1	7
Loudonville	158	1,252	*	*	40	314	6	47	3	24	1	9	*	*	1	6	11	84	1	5
RCS	102	725	*	1	25	181	6	45	1	6	1	4	*	*	2	17	4	30	1	6
Bethlehem	186	771	*	1	42	176	14	59	4	18	2	7	*	1	2	8	11	45	2	7
Guiderland	129	1,101	*	*	37	313	6	51	4	32	*	3	1	5	1	5	10	84	1	5
New Scotland	109	723	*	*	29	192	6	37	2	15	1	4	*	*	*	1	6	41	1	8
Watervliet/G.I.	183	943	*	*	44	228	10	52	4	19	1	5	*	2	*	2	10	50	2	10

* Due to confidentiality concerns, counts and rates are not shown when counts are under 5 (average of 1 for the period).

**Crude rates represent the frequencies for the population in that area. They are not age adjusted for state and national comparison purposes.

Blue indicates rate above New York excluding New York City and County Rates

Red indicates rate over 150% above upstate and county rates



Crude Mortality Rates by Capital District Community** Average for Years: 2001-2005

Rensselaer County

	Total Mortality Rate per 100,000		Asthma Mortality Rate per 1,000,000		Coronary Heart Disease Mortality Rate per 100,000		CLRD (COPD) mortality rate per 100,000		Diabetes Mortality Rate per 100,000		Falls Mortality Rate per 100,000		Homicide Mortality Rate per 100,000		Motor Vehicle Mortality Rate per 100,000		Stroke Mortality Rate per 100,000		Suicide Mortality Rate per 100,000	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
New York excl. NYC	96,772	873	122	1	24,354	220	5,129	46	2,239	20	661	6	332	3	1,162	10	5,326	48	794	7
Rensselaer County	1,463	951	2	1	327	213	99	64	39	25	7	4	4	3	17	11	80	52	13	9
Central	65	635	*	*	15	151	5	53	2	19	*	2	*	*	2	20	4	41	1	10
Rensselaer	177	948	*	2	43	228	13	67	5	26	1	5	*	2	1	6	9	50	1	5
Troy/Lansingbrg	705	1,069	1	1	151	228	47	71	19	29	2	4	3	4	5	8	41	63	6	8
East	46	630	*	*	8	112	3	36	2	25	1	8	*	*	2	22	2	25	1	17
East Greenbush	101	1,198	*	5	24	288	8	96	3	31	1	7	*	*	1	9	6	73	1	7
North East	115	959	*	3	23	190	11	90	3	21	1	8	*	3	2	20	6	51	2	13
North West	47	685	*	*	10	152	3	41	1	12	*	3	*	*	1	12	1	18	1	9
South West	138	877	*	*	38	240	7	42	4	23	1	4	1	4	2	11	4	27	1	8
W.Sand Lake/Wyn.	72	668	*	*	15	134	5	43	1	9	*	*	*	*	1	6	6	51	1	9

* Due to confidentiality concerns, counts and rates are not shown when counts are under 5 (average of 1 for the period).

**Crude rates represent the frequencies for the population in that area. They are not age adjusted for state and national comparison purposes.

Blue ndicates rate above New York excluding New York City and County Rates

Red indicates rate over 150% above upstate and county rates

Crude Mortality Rates by Capital District Community** Average for Years: 2001-2005

Schenectady County

	Total Mortality Rate per 100,000		Asthma Mortality Rate per 1,000,000		Coronary Heart Disease Mortality Rate per 100,000		CLRD (COPD) mortality rate per 100,000		Diabetes Mortality Rate per 100,000		Falls Mortality Rate per 100,000		Homicide Mortality Rate per 100,000		Motor Vehicle Mortality Rate per 100,000		Stroke Mortality Rate per 100,000		Suicide Mortality Rate per 100,000	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
New York excl. NYC	96,772	873	122	1	24,354	220	5,129	46	2,239	20	661	6	332	3	1,162	10	5,326	48	794	7
Schenectady County	1,553	1,053	1	1	357	242	84	57	44	30	12	8	7	5	13	9	84	57	14	9
Mont Pleasant	271	964	1	2	62	221	17	59	8	27	2	6	1	3	2	9	15	53	3	11
Upper State St	254	1,233	*	*	57	279	15	73	9	42	2	9	1	6	2	9	13	65	2	11
City/Stockade	56	996	*	*	14	246	2	42	3	45	1	11	1	25	*	3	2	39	*	7
Hamilton Hill	59	951	*	*	13	204	4	60	2	30	*	*	2	25	*	*	1	19	1	10
Goose Hill/Union	138	1,032	*	*	31	235	8	62	4	33	1	9	1	8	2	13	9	64	2	15
Rural - West	224	751	*	1	53	177	9	31	3	10	2	8	*	1	2	7	12	41	1	5
Niskayuna	238	949	*	2	59	238	15	58	5	19	2	6	*	1	2	6	13	52	3	11
Scotia-Glenville	75	656	*	2	20	171	3	26	2	21	*	3	*	2	1	12	4	35	1	9
Rotterdam	339	1,227	*	1	71	256	17	63	11	40	2	9	*	1	3	10	20	73	2	6

* Due to confidentiality concerns, counts and rates are not shown when counts are under 5 (average of 1 for the period).

**Crude rates represent the frequencies for the population in that area. They are not age adjusted for state and national comparison purposes.

Blue ndicates rate above New York excluding New York City and County Rates

Red indicates rate over 150% above upstate and county rates



County Hospitalization Rates

NYS Department of Health, SPARCS 2001-2005, Age Adjusted

Asthma Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	12.2	9.4	29.2	10.1	14.0
Albany County	12.0	6.0	23.7	10.3	13.4
Rensselaer County	12.2	9.3	35.1	9.5	14.6
Schenectady County	13.8	10.3	36.0	10.8	16.5

Assault Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	2.6	1.4	9.6	4.2	1.0
Albany County	3.4	1.5	12.6	5.3	1.5
Rensselaer County	2.0	1.5	9.8	3.2	0.8
Schenectady County	3.2	2.1	12.5	4.9	1.5

Coronary Heart Disease Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	64.2	59.5	55.2	87.3	44.7
Albany County	41.7	19.4	28.6	57.0	29.0
Rensselaer County	54.4	38.2	29.3	72.9	38.0
Schenectady County	54.6	52.6	42.6	75.6	37.4

COPD Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	29.3	26.2	45.3	27.2	31.3
Albany County	29.6	16.3	35.2	27.1	31.7
Rensselaer County	37.6	32.9	56.1	31.8	43.2
Schenectady County	42.0	37.4	80.2	36.3	47.3

Diabetes (Any Dx) Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	177.6	156.4	329.7	193.7	165.8
Albany County	180.6	90.5	271.7	196.5	169.9
Rensselaer County	203.2	166.0	412.8	211.5	196.3
Schenectady County	196.7	177.0	371.5	214.7	185.6



**Diabetes (Primary Dx) Hospitalization Rate per 10,000**

	All	White	Black	Men	Women
NY Excl. NYC	13.8	11.3	37.9	15.6	12.3
Albany County	13.5	6.5	29.4	15.2	12.1
Rensselaer County	14.1	11.3	42.5	16.3	12.0
Schenectady County	15.5	13.4	42.9	18.7	12.7

Falls Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	36.6	35.9	22.3	32.6	38.3
Albany County	39.8	21.7	19.4	32.9	43.3
Rensselaer County	40.1	36.5	24.2	32.5	44.0
Schenectady County	43.5	43.4	29.6	38.6	45.7

Motor Vehicle Accident Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	9.5	8.5	10.2	11.8	7.2
Albany County	6.0	5.2	6.9	7.8	4.2
Rensselaer County	7.4	7.2	8.4	9.2	5.5
Schenectady County	8.2	8.2	7.1	10.2	6.3

Self-Inflicted Injury Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	5.5	5.7	5.1	4.5	6.5
Albany County	4.9	4.5	5.3	4.3	5.5
Rensselaer County	6.3	6.3	7.2	5.4	7.4
Schenectady County	6.8	6.5	8.8	6.1	7.5

Stroke Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	27.5	25.5	37.4	30.1	25.4
Albany County	26.7	15.6	23.2	28.3	25.3
Rensselaer County	31.6	27.8	34.2	34.5	29.1
Schenectady County	31.9	30.6	36.4	35.6	29.3

Unintentional Injury Hospitalization Rate per 10,000

	All	White	Black	Men	Women
NY Excl. NYC	65.6	62.9	54.8	68.6	60.4
Albany County	64.1	38.3	47.9	61.0	63.6
Rensselaer County	66.1	60.2	56.2	64.2	64.3
Schenectady County	72.6	71.3	61.1	73.9	68.7



Hospitalization Rates by Disease Category

Average for Years: 2001-2005

	Total Hosp.**		Asthma Hosp.** All Ages		Asthma Hosp.** Age 0-4		Asthma Hosp.** Age 5-14		Assault Hosp.**		Coronary Heart Disease Hosp.**		COPD Hosp.**	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
Albany County														
New York excl. NYC	1,355,633	1,223	13,519	12	2,538	38	1,613	11	2,829	3	80,064	72.2	34,811	31
Albany County	34,706	1,169	346	12	63	39	41	11	100	3	1,404	47.3	938	32
Melrose/Manning	2,947	895	21	6	5	42	*	3	5	2	121	36.8	67	20
N.Albany/Menands	1,250	1,987	10	16	*	40	*	16	4	6	46	73.7	34	53
West End	2,703	1,722	51	32	9	80	7	30	19	12	76	48.3	84	54
West Hill/S. End	2,333	2,026	47	41	6	71	7	42	20	17	51	44.7	75	65
Rte.20/New Scot.	3,100	1,469	30	14	5	51	3	13	12	6	106	50.2	79	38
Delaware/2nd Ave	1,333	1,341	15	15	3	26	*	16	6	5	49	49.5	34	34
Center Square	1,329	1,436	17	19	5	66	*	7	12	12	33	35.4	27	29
Colonie/Schen.	3,421	1,216	32	11	7	44	3	8	7	2	169	60.2	120	43
City of Cohoes	2,736	1,521	30	16	4	33	*	1	4	2	136	75.6	106	59
Colonie	3,538	1,340	27	10	3	18	3	10	5	2	167	63.4	94	36
Hill Towns	1,004	942	7	6	*	1	*	6	*	1	53	49.6	28	26
Latham	1,811	903	11	6	3	21	*	2	*	1	100	50.1	40	20
Loudonville	1,415	1,119	5	4	*	1	*	1	3	2	73	58.2	21	17
RCS	1,429	1,014	15	11	4	45	4	19	*	1	60	42.6	46	33
Bethlehem	2,277	944	13	5	3	12	*	4	3	1	93	38.8	49	20
Guilderland	1,246	1,061	10	8	2	20	*	1	0	0	49	41.9	35	30
New Scotland	1,420	943	10	6	3	26	*	2	*	1	60	39.7	29	20
Watervliet/G.I.	2,433	1,251	27	14	6	47	*	5	4	2	119	61.5	87	45
Rensselaer County														
Rensselaer County	18,419	1,197	182	12	38	45	20	10	31	2	919	59.7	613	40
Central	1,002	973	6	6	0	0	*	1	*	1	59	58.1	24	23
Rensselaer	2,347	1,256	23	12	6	55	*	3	3	2	104	55.6	79	42
Troy/Lansingbrg	9,807	1,486	113	17	23	60	13	17	23	3	425	64.4	370	56
East	418	574	3	3	*	1	0	0	*	1	38	52.9	10	14
East Greenbush	926	1,096	5	5	*	1	*	7	*	1	40	47.5	18	21
North East	579	481	6	5	*	10	*	1	*	1	59	49.3	19	16
North West	673	977	7	10	*	15	*	1	*	1	42	61.0	24	34
South West	1,690	1,076	12	8	3	25	*	5	*	1	91	57.8	39	25
W.Sand Lake/Wyn.	1,062	982	7	7	*	10	*	1	*	1	60	54.9	34	31
Schenectady County														
Schenectady County	20,322	1,377	199	13	34	39	23	12	43	3	1,004	68.1	712	48
Mont Pleasant	3,421	1,216	32	11	7	44	3	8	7	2	169	60.2	120	43
Upper State St	2,977	1,445	34	17	6	44	5	16	9	4	128	62.2	107	52
City/Stockade	1,011	1,810	14	24	*	1	*	1	4	8	29	52.4	49	88
Hamilton Hill	1,231	1,963	23	37	5	78	3	22	9	14	34	54.1	69	111
Goose Hill/Union	1,952	1,466	29	22	6	56	4	20	4	3	73	54.5	75	56
Rural - West	3,071	1,023	15	5	*	4	*	4	*	1	167	56.0	70	23
Niskayuna	2,996	1,196	22	9	5	33	3	6	6	3	172	68.8	97	39
Scotia-Glenville	1,080	940	8	7	0	0	*	1	*	1	62	54.2	33	29
Rotterdam	3,101	1,120	24	9	3	12	3	5	*	1	171	61.9	98	36

* Due to confidentiality concerns, counts and rates are not shown when counts are 1 or 2.

** Rate per 10,000

Blue indicates rate above New York excluding New York City and County Rates

Red indicates rate over 150% above upstate and county rates



Hospitalization Rates by Capital District Community

Average for Years: 2001-2005

	Diabetes Hosp.**		Diabetes Hosp.**		Falls Hosp.**		Motor Vehicle Accident Hosp.**		Self-Inflicted Injury Hosp.** Age 15+		Stroke Hosp.**		Unintentional Injury Hosp.** Age 0-14		Unintentional Injury Hosp. Age 15-24		Unintentional Injury Hosp.** Age 65+	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
Albany County																		
New York excl. NYC	219,256	198	16,368	15	32,591	214	10,686	10	5,849	7	34,513	31	5,303	24	5,890	38	41,440	272
Albany County	6,026	203	428	14	1,081	261	186	6	143	6	921	31	106	20	110	24	1,335	322
Melrose/Manning	521	158	30	9	129	280	16	5	11	4	87	26	6	15	8	7	157	340
N.Albany/Menands	232	369	16	25	48	424	4	7	5	9	34	54	*	6	*	10	60	526
West End	472	301	49	31	48	240	13	8	13	11	51	32	12	34	8	28	61	306
West Hill/S. End	438	380	56	48	30	231	10	9	10	11	32	28	9	34	7	43	36	282
Rte.20/New Scot.	556	264	31	15	105	319	16	8	15	8	72	34	6	20	9	29	138	417
Delaware/2nd Ave	235	236	18	18	40	243	5	5	6	7	31	31	4	21	*	15	49	301
Center Square	196	211	21	23	12	169	7	7	8	10	21	23	6	37	3	18	18	242
Colonie/Schen.	611	217	45	16	102	225	20	7	13	6	93	33	12	21	12	35	124	274
City of Cohoes	544	302	37	20	85	287	15	8	14	9	98	55	9	28	10	45	102	342
Colonie	652	247	40	15	134	272	20	8	13	6	106	40	11	25	9	32	167	339
Hill Towns	151	141	10	10	27	180	12	11	2	2	29	27	6	31	6	47	37	243
Latham	293	146	16	8	66	220	10	5	7	4	62	31	4	12	8	28	78	261
Loudonville	290	229	14	11	57	271	6	5	3	3	47	37	3	14	4	18	70	331
RCS	252	178	19	13	31	177	14	10	6	5	32	23	7	23	8	38	39	225
Bethlehem	289	119	18	7	86	247	12	5	7	4	64	27	6	13	8	27	103	296
Guilderland	189	161	9	8	43	246	6	5	5	6	38	32	4	19	4	29	52	301
New Scotland	204	135	14	9	64	285	8	5	5	4	45	30	5	16	5	32	77	342
Watervliet/G.I.	473	243	31	16	74	263	14	7	13	8	71	36	7	20	9	29	88	310
Rensselaer County																		
Rensselaer County	3,396	221	227	15	491	241	116	8	95	8	535	35	65	23	76	33	604	296
Central	173	168	8	8	18	160	9	9	6	7	29	29	4	20	6	46	23	206
Rensselaer	405	217	29	15	56	215	13	7	14	9	66	35	8	23	9	41	73	279
Troy/Lansingbrg	1,961	297	136	21	296	310	46	7	54	10	294	45	28	24	33	28	355	372
East	59	81	4	5	7	75	6	8	2	3	11	15	5	28	3	22	10	109
East Greenbush	159	188	8	9	32	277	6	7	3	4	30	35	4	23	3	25	39	345
North East	92	77	6	5	8	47	8	6	3	3	16	14	3	12	6	37	11	66
North West	109	159	8	12	14	183	8	11	3	6	20	30	*	8	4	39	19	244
South West	291	185	21	14	37	174	12	7	8	6	42	26	8	27	7	34	45	214
W.Sand Lake/Wyn.	175	161	9	8	34	229	9	8	4	5	30	27	3	13	4	34	40	272
Schenectady County																		
Schenectady County	3,532	239	254	17	637	270	124	8	91	8	607	41	73	26	66	34	770	326
Mont Pleasant	611	217	45	16	102	225	20	7	13	6	93	33	12	21	12	35	124	274
Upper State St	556	270	49	24	86	255	17	8	15	9	94	46	10	22	9	37	105	312
City/Stockade	191	342	18	32	20	319	7	12	10	19	16	28	*	1	3	8	24	390
Hamilton Hill	245	391	22	35	11	171	5	9	9	19	20	32	7	36	3	36	13	212
Goose Hill/Union	299	224	24	18	49	248	11	8	13	12	45	33	9	32	8	40	58	291
Rural - West	458	152	26	9	145	284	17	6	8	4	105	35	10	18	8	24	170	333
Niskayuna	525	210	31	12	78	188	18	7	12	6	93	37	9	20	10	35	97	232
Scotia-Glenville	164	143	9	8	27	206	9	8	3	4	31	27	7	30	6	35	33	251
Rotterdam	528	191	31	11	124	237	20	7	9	4	110	40	10	21	10	32	151	288

* Due to confidentiality concerns, counts and rates are not shown when counts are 1 or 2.

** Rate per 10,000

Blue indicates rate above New York excluding New York City and County Rates

Red indicates reate over 150% above upstate and county rates



Capital District Leading Causes of Death, 2003-2007

By Age				
Age < 1	Rank	Cause of Death	Count	Percent of Total
	1	Cond. Orig. in Perinatal	140	56.9
	2	Congenital Anomalies	36	14.6
	3	Sudden Infant Death Syn.	12	4.9
	4	Non Motor Vehicle Injury	9	3.7
	5	Gastritis	4	1.6
	5	Diseases of the Heart	4	1.6
		All Other	37	15.0
Age 1-9	1	Non Motor Vehicle Injury	13	21.7
	2	Malignant Neoplasms	6	10.0
	3	Congenital Anomalies	5	8.3
	3	Homicide and Legal Interv.	5	8.3
	3	Motor Vehicle Injury	5	8.3
		All Other	19	31.7
Age 10-19	1	Motor Vehicle Injury	23	18.1
	2	Non Motor Vehicle Injury	16	12.6
	2	Suicide	16	12.6
	4	Homicide and Legal Interv.	14	11.0
	5	Malignant Neoplasms	9	7.1
		All Other	34	26.8
Age 20-24	1	Suicide	26	18.6
	2	Motor Vehicle Injury	25	17.9
	3	Non Motor Vehicle Injury	22	15.7
	4	Homicide and Legal Interv.	12	8.6
	5	Malignant Neoplasms	8	5.7
		All Other	32	22.9
Age 25-44	1	Diseases of the Heart	172	17.6
	2	Malignant Neoplasms	169	17.3
	3	Suicide	83	8.5
	4	Non Motor Vehicle Injury	78	8.0
	5	Motor Vehicle Injury	77	7.9
		All Other	236	24.2
Age 45-64	1	Malignant Neoplasms	1,703	38.0
	2	Diseases of the Heart	1,061	23.7
	3	Chronic Lower Resp. Disease	173	3.9
	4	Diabetes Mellitus	109	2.4
	5	Non Motor Vehicle Injury	87	1.9
		All Other	989	22.1
Age 65-74	1	Malignant Neoplasms	1,524	36.9
	2	Diseases of the Heart	1,059	25.7
	3	Chronic Lower Resp. Disease	302	7.3
	4	Diabetes Mellitus	141	3.4
	5	Septicemia	82	2.0
		All Other	858	20.8
Age 75+	1	Diseases of the Heart	6,662	36.2
	2	Malignant Neoplasms	3,297	17.9
	3	Chronic Lower Resp. Disease	1,100	6.0
	4	Pneumonia	507	2.8
	5	Diabetes Mellitus	396	2.2
		All Other	5,795	31.5



Capital District Leading Causes of Death, 2003-2007				
Male				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Cond. Orig. in Perinatal	73	57.5
	2	Congenital Anomalies	18	14.2
	3	Sudden Infant Death Syn.	7	5.5
	4	Non Motor Vehicle Injury	4	3.1
	5	Diseases of the Heart	2	1.6
		All Other	20	15.7
Age 1-9	1	Non Motor Vehicle Injury	7	18.9
	2	Congenital Anomalies	4	10.8
	2	Homicide and Legal Interv.	4	10.8
	2	Motor Vehicle Injury	4	10.8
	2	Malignant Neoplasms	4	10.8
		All Other	9	24.3
Age 10-19	1	Motor Vehicle Injury	16	19.5
	2	Suicide	13	15.9
	3	Homicide and Legal Interv.	12	14.6
	4	Non Motor Vehicle Injury	10	12.2
	5	Malignant Neoplasms	4	4.9
		All Other	20	24.4
Age 20-24	1	Motor Vehicle Injury	21	19.6
	1	Non Motor Vehicle Injury	21	19.6
	1	Suicide	21	19.6
	4	Homicide and Legal Interv.	10	9.3
	5	Diseases of the Heart	6	5.6
		All Other	20	18.7
Age 25-44	1	Diseases of the Heart	122	19.7
	2	Malignant Neoplasms	81	13.1
	3	Suicide	70	11.3
	4	Motor Vehicle Injury	57	9.2
	5	Non Motor Vehicle Injury	55	8.9
		All Other	135	21.8
Age 45-64	1	Malignant Neoplasms	896	33.4
	2	Diseases of the Heart	743	27.7
	3	Diabetes Mellitus	77	2.9
	4	Chronic Lower Resp. Disease	76	2.8
	5	Suicide	69	2.6
		All Other	596	22.2
Age 65-74	1	Malignant Neoplasms	791	35.5
	2	Diseases of the Heart	642	28.8
	3	Chronic Lower Resp. Disease	120	5.4
	4	Diabetes Mellitus	78	3.5
	5	Septicemia	46	2.1
		All Other	450	20.2
Age 75+	1	Diseases of the Heart	2,541	34.9
	2	Malignant Neoplasms	1,629	22.4
	3	Chronic Lower Resp. Disease	468	6.4
	4	Pneumonia	211	2.9
	5	Diabetes Mellitus	174	2.4
		All Other	1,982	27.2



Capital District Leading Causes of Death, 2003-2007				
Female				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Cond. Orig. in Perinatal	67	56.3
	2	Congenital Anomalies	18	15.1
	3	Non Motor Vehicle Injury	5	4.2
	3	Sudden Infant Death Syn.	5	4.2
	5	Gastritis	4	3.4
		All Other	17	14.3
Age 1-9	1	Non Motor Vehicle Injury	6	26.1
	2	Diseases of the Heart	2	8.7
	2	Malignant Neoplasms	2	8.7
	4	Congenital Anomalies	1	4.3
	4	Homicide and Legal Interv.	1	4.3
	4	Motor Vehicle Injury	1	4.3
Age 10-19		All Other	10	43.5
	1	Motor Vehicle Injury	7	15.6
	2	Non Motor Vehicle Injury	6	13.3
	3	Malignant Neoplasms	5	11.1
	4	Pneumonia	3	6.7
	4	Suicide	3	6.7
Age 20-24		All Other	14	31.1
	1	Malignant Neoplasms	5	15.2
	1	Suicide	5	15.2
	3	Motor Vehicle Injury	4	12.1
	4	Homicide and Legal Interv.	2	6.1
	5	Diabetes Mellitus	1	3.0
	5	Diseases of the Heart	1	3.0
	5	Non Motor Vehicle Injury	1	3.0
	5	Pneumonia	1	3.0
	5	Septicemia	1	3.0
Age 25-44		All Other	12	36.4
	1	Malignant Neoplasms	88	24.7
	2	Diseases of the Heart	50	14.0
	3	Non Motor Vehicle Injury	23	6.5
	4	Motor Vehicle Injury	20	5.6
	5	AIDS	13	3.7
	5	Homicide and Legal Interv.	13	3.7
	5	Suicide	13	3.7
		All Other	101	28.4
Age 45-64	1	Malignant Neoplasms	807	44.9
	2	Diseases of the Heart	318	17.7
	3	Chronic Lower Resp. Disease	97	5.4
	4	Septicemia	38	2.1
	5	Diabetes Mellitus	32	1.8
		All Other	393	21.9
Age 65-74	1	Malignant Neoplasms	733	38.7
	2	Diseases of the Heart	417	22.0
	3	Chronic Lower Resp. Disease	182	9.6
	4	Diabetes Mellitus	63	3.3
	5	Septicemia	36	1.9
		All Other	408	21.5
Age 75+	1	Diseases of the Heart	4,121	37.1
	2	Malignant Neoplasms	1,668	15.0
	3	Chronic Lower Resp. Disease	632	5.7
	4	Pneumonia	296	2.7
	5	Diabetes Mellitus	222	2.0
		All Other	3,813	34.3



Capital District Leading Causes of Death, 2003-2007				
White				
Age < 1	Rank	Cause of Death	Count	Percent of Total
	1	Cond. Orig. in Perinatal	72	54.4
	2	Congenital Anomalies	21	15.9
	3	Sudden Infant Death Syn.	5	3.8
	4	Diseases of the Heart	4	3.0
	4	Non Motor Vehicle Injury	4	3.0
		All Other	22	16.7
Age 1-9	1	Non Motor Vehicle Injury	9	25.0
	2	Congenital Anomalies	3	8.3
	2	Malignant Neoplasms	3	8.3
	4	Chronic Lower Resp. Disease	2	5.6
	4	Diseases of the Heart	2	5.6
	4	Motor Vehicle Injury	2	5.6
		All Other	14	38.9
Age 10-19	1	Motor Vehicle Injury	22	24.4
	2	Non Motor Vehicle Injury	15	16.7
	3	Suicide	13	14.4
	4	Malignant Neoplasms	7	7.8
	5	Homicide and Legal Interv.	4	4.4
		All Other	22	24.4
Age 20-24	1	Motor Vehicle Injury	24	22.4
	1	Suicide	24	22.4
	3	Non Motor Vehicle Injury	19	17.8
	4	Diseases of the Heart	4	3.7
	4	Malignant Neoplasms	4	3.7
		All Other	23	21.5
Age 25-44	1	Malignant Neoplasms	142	19.1
	2	Diseases of the Heart	129	17.3
	3	Non Motor Vehicle Injury	69	9.3
	4	Suicide	67	9.0
	5	Motor Vehicle Injury	65	8.7
		All Other	170	22.8
Age 45-64	1	Malignant Neoplasms	1,502	38.8
	2	Diseases of the Heart	916	23.7
	3	Chronic Lower Resp. Disease	159	4.1
	4	Diabetes Mellitus	93	2.4
	5	Suicide	81	2.1
		All Other	830	21.4
Age 65-74	1	Malignant Neoplasms	1,401	37.5
	2	Diseases of the Heart	948	25.4
	3	Chronic Lower Resp. Disease	283	7.6
	4	Diabetes Mellitus	124	3.3
	5	Septicemia	71	1.9
		All Other	757	20.3
Age 75+	1	Diseases of the Heart	6,427	36.2
	2	Malignant Neoplasms	3,174	17.9
	3	Chronic Lower Resp. Disease	1,079	6.1
	4	Pneumonia	495	2.8
	5	Diabetes Mellitus	362	2.0
		All Other	5,579	31.5



Capital District Leading Causes of Death, 2003-2007				
Black				
Age < 1	Rank	Cause of Death	Count	Percent of Total
	1	Cond. Orig. in Perinatal	51	59.3
Age 1-9	2	Congenital Anomalies	10	11.6
	3	Sudden Infant Death Syn.	7	8.1
	4	Non Motor Vehicle Injury	4	4.7
	5	Gastritis	1	1.2
	5	Septicemia	1	1.2
		All Other	12	14.0
	1	Homicide and Legal Interv.	4	23.5
Age 10-19	2	Motor Vehicle Injury	3	17.6
	3	Congenital Anomalies	2	11.8
	3	Malignant Neoplasms	2	11.8
	3	Non Motor Vehicle Injury	2	11.8
		All Other	2	11.8
	1	Homicide and Legal Interv.	10	37.0
	2	Suicide	3	11.1
Age 20-24	3	Congenital Anomalies	2	7.4
	3	Malignant Neoplasms	2	7.4
	5	AIDS	1	3.7
	5	Infuenza	1	3.7
	5	Diseases of the Heart	1	3.7
	5	Non Motor Vehicle Injury	1	3.7
		All Other	6	22.2
Age 25-44	1	Homicide and Legal Interv.	8	38.1
	2	Malignant Neoplasms	2	9.5
	2	Non Motor Vehicle Injury	2	9.5
	2	Suicide	2	9.5
	5	Diabetes Mellitus	1	4.8
	5	Diseases of the Heart	1	4.8
		All Other	5	23.8
Age 45-64	1	Diseases of the Heart	37	19.3
	2	Malignant Neoplasms	24	12.5
	3	Homicide and Legal Interv.	22	11.5
	4	AIDS	18	9.4
	5	Suicide	12	6.3
		All Other	51	26.6
	1	Malignant Neoplasms	167	32.9
Age 65-74	2	Diseases of the Heart	124	24.4
	3	AIDS	25	4.9
	4	Diabetes Mellitus	16	3.1
	5	Non Motor Vehicle Injury	13	2.6
		All Other	129	25.4
	1	Malignant Neoplasms	99	32.4
	2	Diseases of the Heart	91	29.7
Age 75+	3	Diabetes Mellitus	14	4.6
	4	Chronic Lower Resp. Disease	13	4.2
	5	Septicemia	10	3.3
		All Other	73	23.9
	1	Diseases of the Heart	193	34.8
	2	Malignant Neoplasms	106	19.1
	3	Diabetes Mellitus	26	4.7
Age 75+	4	Chronic Lower Resp. Disease	18	3.2
	5	Septicemia	15	2.7
		All Other	178	32.1



Capital District Leading Causes of Death, 2003-2007				
Others				
Age < 1	Rank	Cause of Death	Count	Percent of Total
	1	Cond. Orig. in Perinatal	17	60.7
	2	Congenital Anomalies	5	17.9
	3	Gastritis	2	7.1
	4	Non Motor Vehicle Injury	1	3.6
		All Other	3	10.7
Age 1-9	1	Non Motor Vehicle Injury	2	28.6
	2	Malignant Neoplasms	1	14.3
	2	Cond. Orig. in Perinatal	1	14.3
		All Other	3	42.9
Age 10-19	1	Pneumonia	2	20.0
	2	Congenital Anomalies	1	10.0
	2	Motor Vehicle Injury	1	10.0
		All Other	6	60.0
Age 20-24	1	Diseases of the Heart	2	16.7
	1	Malignant Neoplasms	2	16.7
	3	Congenital Anomalies	1	8.3
	3	Homicide and Legal Interv.	1	8.3
	3	Motor Vehicle Injury	1	8.3
	3	Non Motor Vehicle Injury	1	8.3
		All Other	4	33.3
Age 25-44	1	Diseases of the Heart	6	15.4
	2	Suicide	4	10.3
	3	AIDS	3	7.7
	3	Motor Vehicle Injury	3	7.7
	3	Malignant Neoplasms	3	7.7
	3	Non Motor Vehicle Injury	3	7.7
		All Other	15	38.5
Age 45-64	1	Malignant Neoplasms	34	33.0
	2	Diseases of the Heart	21	20.4
	3	Non Motor Vehicle Injury	4	3.9
	4	Motor Vehicle Injury	3	2.9
	4	Suicide	3	2.9
		All Other	30	29.1
Age 65-74	1	Malignant Neoplasms	24	28.6
	2	Diseases of the Heart	20	23.8
	3	Chronic Lower Resp. Disease	6	7.1
	4	Diabetes Mellitus	3	3.6
	5	Non Motor Vehicle Injury	1	1.2
	5	Pneumonia	1	1.2
	5	Septicemia	1	1.2
		All Other	28	33.3
Age 75+	1	Diseases of the Heart	42	36.5
	2	Malignant Neoplasms	17	14.8
	3	Diabetes Mellitus	8	7.0
	4	Chronic Lower Resp. Disease	3	2.6
	5	Non Motor Vehicle Injury	2	1.7
	5	Septicemia	2	1.7
	5	Suicide	2	1.7
		All Other	38	33.0



Prevention Quality Indicators

New York State Prevention Quality Indicators 2005-2006						
All Hospital Admissions						
Albany County	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,221	419	1,436	85%	1,854	1,570
N.Albany/Menands	5,264	184	3,505	154%	1,854	2,856
West End	11,680	279	2,389	136%	1,854	2,529
West Hill/S. End	8,647	234	2,712	165%	1,854	3,065
Rte.20/New Scot.	17,618	376	2,137	110%	1,854	2,035
Delaware/2nd Ave	7,967	140	1,757	85%	1,854	1,576
Center Square	7,560	104	1,382	103%	1,854	1,914
Colonie/Schen.	21,218	472	2,227	100%	1,854	1,862
Latham	16,845	224	1,330	64%	1,854	1,180
Loudonville	10,594	199	1,883	93%	1,854	1,715
Colonie	21,503	495	2,302	109%	1,854	2,013
City of Cohoes	14,085	369	2,623	124%	1,854	2,299
Watervliet/G.I.	15,166	347	2,291	122%	1,854	2,259
Bethlehem	16,920	222	1,312	63%	1,854	1,169
RCS	10,637	156	1,471	83%	1,854	1,538
Hill Towns	8,093	94	1,161	59%	1,854	1,095
Guelderland	9,296	169	1,818	84%	1,854	1,567
New Scotland	11,743	145	1,239	59%	1,854	1,099
County zips rate						1,802
Rensselaer County						
Troy/Lansingbrg	52,061	1,461	2,806	151%	1,854	2,806
Rensselaer	14,649	282	1,925	103%	1,854	1,906
East	5,658	39	698	39%	1,854	725
North East	9,255	30	330	17%	1,854	320
North West	5,373	72	1,349	78%	1,854	1,441
South West	12,459	186	1,493	81%	1,854	1,505
Central	8,353	115	1,377	82%	1,854	1,525
W.Sand Lake/Wyn.	8,553	126	1,473	79%	1,854	1,464
East Greenbush	6,795	116	1,707	87%	1,854	1,611
County zips rate						1,979
Schenectady County						
Mont Pleasant	21,503	495	2,302	109%	1,854	2,013
Upper State St	15,683	443	2,825	128%	1,854	2,376
City/Stockade	5,241	123	2,356	173%	1,854	3,212
Hamilton Hill	4,189	155	3,700	235%	1,854	4,361
Goose Hill/Union	9,995	206	2,061	103%	1,854	1,906
Rural - West	8,904	118	1,331	75%	1,854	1,398
Niskayuna	22,944	392	1,711	76%	1,854	1,404
Scotia-Glenville	21,792	404	1,856	77%	1,854	1,420
Rotterdam	19,821	345	1,743	83%	1,854	1,537
County zips rate						1,851



New York State Prevention Quality Indicators 2005-2006

	Bacterial Pneumonia					Dehydration				
	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany County										
Melrose/Manning	109	373	106%	381	402	36	123	108%	116	126
N.Albany/Menands	49	931	194%	381	738	17	323	214%	116	249
West End	44	377	104%	381	397	19	163	145%	116	169
West Hill/S. End	42	491	146%	381	557	10	116	111%	116	129
Rte.20/New Scot.	90	511	125%	381	475	38	216	167%	116	193
Delaware/2nd Ave	31	395	90%	381	341	16	207	148%	116	172
Center Square	21	278	104%	381	398	6	79	97%	116	113
Colonie/Schen.	110	521	112%	381	426	40	191	134%	116	155
Latham	48	285	65%	381	248	21	125	92%	116	107
Loudonville	51	486	115%	381	437	18	175	133%	116	155
Colonie	107	498	112%	381	427	32	149	110%	116	128
City of Cohoes	73	522	117%	381	446	29	206	149%	116	173
Watervliet/G.I.	66	435	112%	381	425	19	129	103%	120	117
Bethlehem	56	334	77%	381	291	21	124	94%	116	109
RCS	33	310	87%	381	330	12	118	105%	116	122
Hill Towns	16	198	49%	381	187	7	86	72%	116	84
Guilfordland	41	446	97%	381	370	10	113	75%	116	87
New Scotland	36	307	71%	381	270	14	119	90%	116	105
County zips rate					391					136
Rensselaer County										
Troy/Lansingbrg	304	585	152%	381	578	106	205	171%	116	198
Rensselaer	65	444	116%	381	441	24	167	141%	116	164
East	6	106	30%	381	114	2	44	34%	116	40
North East	8	92	23%	381	86	1	16	9%	116	11
North West	18	335	97%	381	368	5	102	92%	116	107
South West	51	409	110%	381	419	10	84	73%	116	84
Central	27	323	97%	381	370	11	132	135%	116	157
W.Sand Lake/Wyn.	23	275	71%	381	272	9	105	94%	116	109
East Greenbush	29	434	106%	381	402	10	147	119%	116	138
County zips rate					433					145
Schenectady County										
Mont Pleasant	107	498	112%	381	427	32	149	110%	116	128
Upper State St	91	583	123%	381	468	27	175	118%	116	137
City/Stockade	20	391	137%	381	520	8	153	116	116	201
Hamilton Hill	23	549	173%	381	659	4	107	116	116	114
Goose Hill/Union	39	395	92%	381	350	11	110	116	116	96
Rural - West	29	331	92%	381	349	4	45	116	116	50
Niskayuna	97	425	89%	381	338	36	157	116	116	125
Scotia-Glenville	93	429	83%	381	315	25	117	116	116	83
Rotterdam	80	404	92%	381	350	18	91	116	116	80
County zips rate					386					108



New York State Prevention Quality Indicators 2005-2006

	Urinary Tract Infection					All Acute				
	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany County										
Melrose/Manning	73	250	143%	169	241	218	746	116%	666	773
N.Albany/Menands	31	598	273%	169	461	97	1,852	218%	666	1,449
West End	24	210	123%	169	208	87	749	116%	666	774
West Hill/S. End	18	208	132%	169	223	70	815	136%	666	908
Rte.20/New Scot.	53	301	157%	169	265	181	1,027	141%	666	936
Delaware/2nd Ave	14	182	89%	169	150	62	784	101%	666	675
Center Square	9	126	93%	169	157	36	483	100%	666	667
Colonie/Schen.	51	240	121%	169	203	202	952	118%	666	788
Latham	27	160	83%	169	140	96	570	75%	666	496
Loudonville	33	311	171%	169	288	103	972	133%	666	887
Colonie	42	195	101%	169	171	181	842	109%	666	726
City of Cohoes	33	234	117%	169	198	135	962	123%	666	817
Watervliet/G.I.	31	208	114%	169	192	117	771	112%	666	743
Bethlehem	35	210	110%	169	186	113	668	89%	666	591
RCS	17	165	103%	169	173	63	592	95%	666	635
Hill Towns	10	124	73%	169	123	33	408	59%	666	393
Guilderland	30	323	157%	169	264	82	882	110%	666	731
New Scotland	23	200	105%	169	177	73	626	83%	666	551
County zips rate					207					738
Rensselaer County										
Troy/Lansingbrg	145	279	160%	169	270	556	1,069	157%	666	1,048
Rensselaer	36	246	147%	169	248	125	857	128%	666	853
East	2	44	24%	169	41	11	194	32%	666	214
North East	1	11	7%	169	11	11	119	18%	666	119
North West	6	112	77%	169	131	29	549	91%	666	607
South West	22	177	112%	169	189	83	670	104%	666	693
Central	11	138	94%	169	159	49	593	103%	666	686
W.Sand Lake/Wyn.	15	175	110%	169	186	47	555	85%	666	565
East Greenbush	23	346	190%	169	321	63	927	131%	666	874
County zips rate					213					794
Schenectady County										
Mont Pleasant	42	195	101%	169	171	181	842	109%	666	726
Upper State St	45	290	137%	169	232	164	1049	127%	666	842
City/Stockade	7	134	98%	169	166	35	677	133%	666	883
Hamilton Hill	8	191	130%	169	219	35	847	149%	666	990
Goose Hill/Union	23	230	118%	169	199	73	735	97%	666	647
Rural - West	17	191	129%	169	218	50	567	93%	666	616
Niskayuna	46	203	97%	169	164	180	785	95%	666	631
Scotia-Glenville	46	211	94%	169	158	165	757	84%	666	560
Rotterdam	25	126	67%	169	113	123	621	82%	666	544
County zips rate					173					669



New York State Prevention Quality Indicators 2005-2006

	Angina					Congestive Heart Failure				
	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany County										
Melrose/Manning	3	12	27%	50	13	90	310	74%	443	329
N.Albany/Menands	0	0	0%	50	0	39	750	128%	443	566
West End	5	43	96%	50	48	55	475	112%	443	497
West Hill/S. End	1	12	26%	50	13	39	451	118%	443	525
Rte.20/New Scot.	3	17	37%	50	18	77	437	90%	443	398
Delaware/2nd Ave	1	13	25%	50	12	31	395	75%	443	334
Center Square	1	13	36%	50	18	22	298	100%	443	443
Colonie/Schen.	4	19	33%	50	17	120	566	102%	443	452
Latham	1	9	11%	50	5	63	374	72%	443	319
Loudonville	2	19	35%	50	18	57	538	108%	443	480
Colonie	5	23	42%	50	21	141	658	125%	443	553
City of Cohoes	3	25	40%	50	20	92	657	123%	443	547
Watervliet/G.I.	9	59	125%	50	63	97	643	140%	443	619
Bethlehem	2	15	21%	50	10	50	296	58%	443	257
RCS	0	0	0%	50	0	33	315	76%	443	335
Hill Towns	2	25	44%	50	22	26	321	68%	443	303
Guilderland	1	16	20%	50	10	30	323	59%	443	263
New Scotland	0	4	0%	50	0	30	255	50%	443	222
County zips rate					18					411
Rensselaer County										
Troy/Lansingbrg	28	54	114%	50	57	365	702	155%	443	688
Rensselaer	1	7	13%	50	7	66	451	101%	443	449
East	1	27	33%	50	17	10	186	44%	443	194
North East	0	5	0%	50	0	5	59	12%	443	54
North West	2	47	72%	50	36	14	270	66%	443	294
South West	2	16	30%	50	15	37	301	69%	443	307
Central	3	36	69%	50	35	20	245	64%	443	283
W.Sand Lake/Wyn.	3	41	64%	50	32	32	374	86%	443	380
East Greenbush	0	0	0%	50	0	30	442	93%	443	412
County zips rate					33					469
Schenectady County										
Mont Pleasant	5	23	42%	50	21	141	658	125%	443	553
Upper State St	4	26	48%	50	24	124	791	140%	443	622
City/Stockade	1	29	58%	50	29	22	420	133%	443	590
Hamilton Hill	0	0	0%	50	0	27	645	180%	443	797
Goose Hill/Union	2	25	41%	50	21	43	430	86%	443	379
Rural - West	0	0	0%	50	0	31	348	86%	443	383
Niskayuna	3	13	22%	50	11	112	488	86%	443	380
Scotia-Glenville	3	16	23%	50	11	116	532	85%	443	378
Rotterdam	3	18	27%	50	14	96	487	93%	443	413
County zips rate					13					464



New York State Prevention Quality Indicators 2005-2006

Hypertension

All Circulatory

Albany County

	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	10	34	69%	61	42	104	356	71%	554	392
N.Albany/Menands	4	76	108%	61	66	43	826	116%	554	641
West End	9	81	138%	61	84	70	599	115%	554	638
West Hill/S. End	14	168	296%	61	181	54	630	130%	554	722
Rte.20/New Scot.	6	37	57%	61	35	86	491	82%	554	457
Delaware/2nd Ave	5	63	97%	61	59	37	471	73%	554	407
Center Square	2	26	58%	61	36	25	337	88%	554	490
Colonie/Schen.	8	38	54%	61	33	132	622	91%	554	506
Latham	1	9	9%	61	5	66	392	61%	554	339
Loudonville	2	19	29%	61	18	61	576	94%	554	519
Colonie	5	23	34%	61	21	151	705	108%	554	600
City of Cohoes	8	57	85%	61	52	104	738	114%	554	631
Watervliet/G.I.	5	36	55%	61	34	112	738	131%	554	724
Bethlehem	5	30	43%	61	26	57	340	53%	554	294
RCS	1	14	16%	61	10	35	329	63%	554	350
Hill Towns	1	12	19%	61	11	29	358	61%	554	336
Guilderland	4	48	63%	61	38	36	387	58%	554	322
New Scotland	1	13	13%	61	8	32	273	43%	554	238
County zips rate					38					473

Rensselaer County

Troy/Lansingbrg	19	36	62%	61	38	412	792	142%	554	786
Rensselaer	6	44	65%	61	40	73	502	89%	554	494
East	1	18	29%	61	18	13	230	44%	554	246
North East	0	5	0%	61	0	6	70	12%	554	64
North West	2	37	62%	61	38	19	354	70%	554	388
South West	3	28	38%	61	23	43	345	63%	554	350
Central	2	24	40%	61	24	25	305	62%	554	341
W.Sand Lake/Wyn.	3	35	55%	61	33	38	450	80%	554	444
East Greenbush	0	0	0%	61	0	30	442	74%	554	412
County zips rate					30					536

Schenectady County

Mont Pleasant	5	23	34%	61	21	151	705	108%	554	600
Upper State St	5	35	48%	61	29	133	851	124%	554	687
City/Stockade	2	38	93%	61	56	25	487	122%	554	678
Hamilton Hill	3	84	135%	61	82	30	728	157%	554	873
Goose Hill/Union	3	35	49%	61	30	49	490	80%	554	444
Rural - West	3	34	55%	61	34	34	382	74%	554	409
Niskayuna	6	28	37%	61	22	121	530	75%	554	418
Scotia-Glenville	2	11	12%	61	8	122	560	74%	554	409
Rotterdam	3	15	23%	61	14	103	520	81%	554	449
County zips rate					24					510



New York State Prevention Quality Indicators 2005-2006

	Diabetes Short-Term Complication					Diabetes Long-term Complication				
	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany County										
Melrose/Manning	8	27	50%	52	26	17	60	46%	155	71
N.Albany/Menands	3	66	112%	52	58	5	104	53%	155	83
West End	17	150	280%	52	145	26	223	156%	155	242
West Hill/S. End	13	156	290%	52	150	29	335	248%	155	385
Rte.20/New Scot.	14	79	153%	52	79	28	159	105%	155	163
Delaware/2nd Ave	2	31	49%	52	26	7	88	54%	155	84
Center Square	6	79	150%	52	78	6	79	150%	52	78
Colonie/Schen.	15	71	138%	52	72	28	132	72%	155	112
Latham	5	30	58%	52	30	6	39	21%	155	33
Loudonville	3	28	54%	52	28	6	61	33%	155	52
Colonie	14	65	127%	52	66	31	146	83%	155	129
City of Cohoes	11	82	153%	52	79	23	163	97%	155	150
Watervliet/G.I.	14	96	178%	52	92	17	112	74%	155	115
Bethlehem	2	12	23%	52	12	11	65	38%	155	59
RCS	4	42	72%	52	38	21	202	129%	155	199
Hill Towns	1	19	24%	52	12	4	56	29%	155	45
Guilderland	2	27	42%	52	22	5	54	32%	155	50
New Scotland	2	17	33%	52	17	8	68	39%	155	61
County zips rate					56					113
Rensselaer County										
Troy/Lansingbrg	44	85	162%	52	84	88	169	113%	155	175
Rensselaer	6	44	79%	52	41	12	85	51%	155	80
East	0	9	0%	52	0	2	35	22%	155	34
North East	1	11	21%	52	11	0	5	0%	155	0
North West	0	9	0%	52	0	1	28	12%	155	19
South West	5	40	77%	52	40	11	88	54%	155	84
Central	4	48	92%	52	47	4	48	31%	155	49
W.Sand Lake/Wyn.	1	12	23%	52	12	4	47	28%	155	44
East Greenbush	1	15	29%	52	15	6	96	54%	155	83
County zips rate					50					105
Schenectady County										
Mont Pleasant	14	65	127%	52	66	31	146	83%	155	129
Upper State St	9	61	112%	52	58	22	143	82%	155	127
City/Stockade	5	95	169%	52	88	7	134	125%	155	193
Hamilton Hill	7	179	321%	52	166	13	322	235%	155	364
Goose Hill/Union	9	90	175%	52	91	13	130	84%	155	130
Rural - West	1	11	21%	52	11	2	28	14%	155	22
Niskayuna	3	15	25%	52	13	18	81	43%	155	67
Scotia-Glenville	4	21	36%	52	19	19	89	46%	155	71
Rotterdam	8	40	79%	52	41	15	76	43%	155	67
County zips rate					46					102



New York State Prevention Quality Indicators 2005-2006

Lower Extremity Amputation

Uncontrolled

Albany County

	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	6	21	70%	37	26	5	19	54%	39	21
N.Albany/Menands	5	95	223%	37	83	2	47	91%	39	35
West End	12	103	307%	37	114	4	34	96%	39	37
West Hill/S. End	6	69	221%	37	82	3	35	98%	39	38
Rte.20/New Scot.	5	28	81%	37	30	0	3	0%	39	0
Delaware/2nd Ave	6	75	198%	37	74	0	6	0%	39	0
Center Square	1	20	50%	37	18	3	40	124%	39	48
Colonie/Schen.	9	45	96%	37	36	4	19	44%	39	17
Latham	6	33	73%	37	27	1	6	15%	39	6
Loudonville	2	24	45%	37	17	1	9	24%	39	9
Colonie	8	37	89%	37	33	3	16	34%	39	13
City of Cohoes	7	53	125%	37	46	1	7	18%	39	7
Watervliet/G.I.	3	20	56%	37	21	3	20	53%	39	20
Bethlehem	1	9	14%	37	5	0	3	0%	39	0
RCS	3	28	75%	37	28	1	9	24%	39	9
Hill Towns	1	12	29%	37	11	0	6	0%	39	0
Guiderland	5	54	134%	37	50	0	5	0%	39	0
New Scotland	5	43	101%	37	37	15	128	41%	283	117
County zips rate				37						19

Rensselaer County

Troy/Lansingbrg	26	50	140%	37	52	14	27	73%	39	28
Rensselaer	0	3	0%	37	0	2	17	34%	39	13
East	1	27	44%	37	17	0	9	0%	39	0
North East	1	11	27%	37	10	0	5	0%	39	0
North West	1	28	48%	37	18	0	0	0%	39	0
South West	4	32	80%	37	30	2	16	40%	39	15
Central	1	12	32%	37	12	0	6	0%	39	0
W.Sand Lake/Wyn.	1	18	29%	37	11	1	12	29%	39	11
East Greenbush	1	15	37%	37	14	0	0	0%	39	0
County zips rate				30						16

Schenectady County

Mont Pleasant	8	37	89%	37	33	3	16	34%	39	13
Upper State St	9	57	140%	37	52	6	38	94%	39	36
City/Stockade	0	10	0%	37	0	1	29	66%	39	26
Hamilton Hill	4	107	307%	37	114	4	107	273%	39	106
Goose Hill/Union	5	50	138%	37	51	1	10	26%	39	10
Rural - West	0	6	0%	37	0	1	11	28%	39	11
Niskayuna	5	24	49%	37	18	1	4	10%	39	4
Scotia-Glenville	6	28	59%	37	22	4	18	42%	39	16
Rotterdam	6	30	71%	37	26	3	18	36%	39	14
County zips rate				30						17.30



New York State Prevention Quality Indicators 2005-2006

	All Diabetes					Asthma				
	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany County										
Melrose/Manning	37	127	52%	283	147	22	75	50%	174	87
N.Albany/Menands	16	313	97%	283	274	7	142	72%	174	124
West End	59	509	192%	283	542	37	317	193%	174	336
West Hill/S. End	51	596	232%	283	657	37	428	262%	174	456
Rte.20/New Scot.	47	270	97%	283	275	17	99	58%	174	100
Delaware/2nd Ave	16	201	69%	283	195	14	176	98%	174	170
Center Square	19	258	111%	283	315	13	172	119%	174	206
Colonie/Schen.	56	266	82%	283	233	21	99	53%	174	92
Latham	18	107	35%	283	100	14	86	46%	174	80
Loudonville	13	123	40%	283	114	5	47	26%	174	46
Colonie	57	265	86%	283	243	22	105	56%	174	96
City of Cohoes	43	305	102%	283	288	22	160	86%	174	150
Watervliet/G.I.	37	247	89%	283	251	30	198	116%	174	202
Bethlehem	15	89	29%	283	81	5	33	16%	174	27
RCS	30	282	100%	283	283	8	75	43%	174	75
Hill Towns	7	93	28%	283	80	4	56	27%	174	47
Guilderland	13	140	46%	283	131	10	108	59%	174	102
New Scotland	15	128	41%	283	117	19	162	81%	178	143
County zips rate					226					127
Rensselaer County										
Troy/Lansingbrg	172	330	120%	283	340	105	202	121%	174	210
Rensselaer	22	150	52%	283	147	16	113	62%	174	107
East	4	80	24%	283	69	3	53	30%	174	53
North East	3	32	11%	283	31	5	54	31%	174	54
North West	3	65	20%	283	55	7	140	75%	174	130
South West	22	177	60%	283	169	9	72	41%	174	71
Central	9	114	38%	283	108	10	126	69%	174	119
W.Sand Lake/Wyn.	7	88	27%	283	77	9	105	59%	174	102
East Greenbush	8	125	40%	283	112	2	29	16%	174	28
County zips rate					205					138
Schenectady County										
Mont Pleasant	57	265	86%	283	243	22	105	56%	174	96
Upper State St	47	300	98%	283	278	35	223	123%	174	214
City/Stockade	14	267	123%	283	347	17	324	251%	174	436
Hamilton Hill	30	716	286%	283	809	19	454	278%	174	483
Goose Hill/Union	28	280	100%	283	282	22	220	127%	174	221
Rural - West	5	56	19%	283	55	7	79	45%	174	78
Niskayuna	28	124	38%	283	107	10	44	23%	174	40
Scotia-Glenville	34	156	47%	283	132	21	96	50%	174	87
Rotterdam	32	164	52%	283	147	14	73	39%	174	67
County zips rate					203					129



New York State Prevention Quality Indicators 2005-2006

	COPD					All Respiratory				
	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany County										
Melrose/Manning	38	132	85%	178	151	60	207	68%	351	237
N.Albany/Menands	19	370	166%	178	295	486	9,242	117%	351	412
West End	25	214	131%	178	233	62	531	162%	351	570
West Hill/S. End	21	243	165%	178	293	58	671	216%	351	759
Rte.20/New Scot.	44	250	139%	178	247	61	349	100%	351	351
Delaware/2nd Ave	10	126	64%	178	114	24	301	80%	351	282
Center Square	10	132	117%	178	208	23	304	118%	351	415
Colonie/Schen.	61	287	129%	178	230	23	304	118%	351	415
Latham	18	110	48%	178	85	44	261	68%	351	241
Loudonville	17	165	79%	178	140	22	212	54%	351	191
Colonie	83	386	186%	178	330	105	491	125%	351	438
City of Cohoes	64	458	224%	178	398	87	618	161%	351	566
Watervliet/G.I.	51	336	191%	178	338	81	534	154%	351	542
Bethlehem	31	183	92%	178	163	36	216	55%	351	194
RCS	20	193	110%	178	195	28	268	76%	351	268
Hill Towns	20	247	127%	178	226	24	303	79%	351	277
Guilderland	28	301	153%	178	272	38	409	107%	351	378
New Scotland	19	162	81%	178	143	25	213	55%	351	193
County zips rate					223					363
Rensselaer County										
Troy/Lansingbrg	215	413	234%	178	416	320	615	179%	351	629
Rensselaer	44	304	166%	178	295	61	416	116%	351	409
East	8	141	81%	178	144	11	194	56%	351	196
North East	5	54	29%	178	52	10	108	30%	351	105
North West	13	242	143%	178	255	20	382	109%	351	382
South West	28	229	125%	178	221	37	301	83%	351	291
Central	20	239	148%	178	263	30	365	107%	351	376
W.Sand Lake/Wyn.	23	275	145%	178	258	32	380	102%	351	360
East Greenbush	12	184	94%	178	167	14	213	56%	351	196
County zips rate					300					439
Schenectady County										
Mont Pleasant	83	386	186%	178	330	105	491	125%	351	438
Upper State St	63	402	193%	178	342	98	625	160%	351	563
City/Stockade	31	601	516%	178	917	48	925	376%	351	1319
Hamilton Hill	40	955	670%	178	1189	59	1408	460%	351	1618
Goose Hill/Union	33	335	178%	178	315	55	555	153%	351	538
Rural - West	22	247	146%	178	259	29	326	94%	351	332
Niskayuna	52	229	104%	178	184	62	272	66%	351	233
Scotia-Glenville	62	287	120%	178	214	83	383	89%	351	312
Rotterdam	72	366	175%	178	311	87	439	113%	351	396
County zips rate					329					463



Birth Indicators by Capital District Community

Average for Years: 2001-2005

Albany County

	Early Prenatal Care Percentage Per 100 Live Births w Known PNC			Low Birthweight (<2.5 Kg) Percentage Per 100 Live Births w Known Bwt			Infant (<1 year) Mortality Rate per 1,000 Births			Teen (Age 15-17) Birth Rate Per 1,000 Females Age 15-17		
	N	n	%	N	n	%	N	n	Rate	N	n	Rate
New York excl. NYC	122,281	95,132	78%	131,598	9,775	7%	131,744	782	5.9	228,183	2,769	12.1
Albany County	3,030	2,401	79%	3,191	254	8%	3,192	25	8.0	5,684	85	15.0
Melrose/Manning	218	179	82%	229	14	6%	229	1	3.5	394	11	29.0
N.Albany/Menands	86	62	72%	90	10	11%	90	1	6.6	111	2	14.5
West End	263	165	63%	284	33	12%	284	4	14.1	336	18	53.5
West Hill/S. End	197	125	63%	213	24	11%	213	4	17.8	228	12	51.8
Rte.20/New Scot.	222	176	79%	234	22	9%	234	2	9.4	301	6	19.9
Delaware/2nd Ave	122	94	77%	131	11	8%	131	1	6.1	174	5	26.5
Center Square	144	89	62%	155	17	11%	155	2	14.2	140	7	52.9
Colonie/Schen.	312	242	78%	325	29	9%	325	2	6.8	623	9	13.8
City of Cohoes	227	177	78%	241	20	8%	241	2	9.9	338	6	17.2
Colonie	248	214	86%	258	20	8%	258	2	7.8	464	3	6.9
Hill Towns	87	71	82%	91	5	5%	91	1	6.6	259	1	4.6
Latham	146	126	86%	153	10	7%	153	1	9.1	438	1	2.3
Loudonville	82	72	87%	87	5	6%	87	*	*	241	1	3.3
RCS	157	132	84%	164	11	7%	164	1	8.5	360	4	10.6
Bethlehem	235	213	91%	245	13	5%	245	1	4.1	630	1	1.6
Guilderland	119	103	87%	123	8	6%	123	1	4.9	257	1	3.1
New Scotland	132	119	90%	138	7	5%	138	*	2.9	341	1	2.3
Watervliet/G.I.	214	169	79%	225	18	8%	225	1	4.4	356	5	14.6

Rensselaer County

	Early Prenatal Care Percentage Per 100 Live Births w Known PNC			Low Birthweight (<2.5 Kg) Percentage Per 100 Live Births w Known Bwt			Infant (<1 year) Mortality Rate per 1,000 Births			Teen (Age 15-17) Birth Rate Per 1,000 Females Age 15-17		
	N	n	%	N	n	%	N	n	Rate	N	n	Rate
New York excl. NYC	122,281	95,132	78%	131,598	9,775	7%	131,744	782	5.9	228,183	2,769	12.1
Rensselaer County	1,571	1,257	80%	1,718	135	8%	1,720	13	7.3	3,148	45	14.4
Central	88	73	83%	94	6	6%	94	1	6.4	244	2	6.6
Rensselaer	205	168	82%	216	11	5%	216	*	1.0	381	6	14.7
Troy/Lansingbrg	784	590	75%	833	77	9%	833	7	8.9	1,204	30	24.9
East	49	38	78%	72	6	8%	72	*	5.5	156	*	2.6
East Greenbush	85	75	89%	90	5	6%	90	*	4.5	174	1	3.4
North East	63	54	86%	112	12	11%	113	1	5.3	280	3	9.3
North West	59	50	86%	62	3	5%	62	*	3.2	174	1	6.9
South West	157	135	86%	163	11	7%	163	2	14.7	358	2	5.6
W.Sand Lake/Wyn.	95	83	88%	98	5	5%	98	*	4.1	239	2	7.5

Schenectady County

	Early Prenatal Care Percentage Per 100 Live Births w Known PNC			Low Birthweight (<2.5 Kg) Percentage Per 100 Live Births w Known Bwt			Infant (<1 year) Mortality Rate per 1,000 Births			Teen (Age 15-17) Birth Rate Per 1,000 Females Age 15-17		
	N	n	%	N	n	%	N	n	Rate	N	n	Rate
New York excl. NYC	122,281	95,132	78%	131,598	9,775	7%	131,744	782	5.9	228,183	2,769	12.1
Schenectady County	1,732	1,327	77%	1,789	142	8%	1,789	13	7.3	2,930	51	17.3
Mont Pleasant	312	242	78%	325	29	9%	325	2	6.8	623	9	13.8
Upper State St	264	186	70%	272	20	8%	272	4	13.2	406	10	25.6
City/Stockade	53	32	59%	56	6	11%	56	*	7.2	32	1	44.0
Hamilton Hill	145	82	56%	150	16	11%	150	1	6.7	167	11	64.7
Goose Hill/Union	205	144	70%	214	14	7%	214	2	11.2	226	9	38.1
Niskayuna	296	261	88%	304	17	6%	304	2	5.9	673	3	3.9
Rotterdam	271	220	81%	278	24	9%	278	1	2.9	482	5	11.2
Rural - West	113	93	82%	116	7	6%	116	1	5.2	283	1	4.2
Scotia-Glenville	240	210	88%	246	17	7%	246	1	3.3	583	4	6.2

* Due to confidentiality concerns, counts and rates are not shown when counts are under 5 (average of 1 for the period).

**Crude rates represent the frequencies for the population in that area. They are not age adjusted for state and national comparison purposes.

Blue indicates rate above New York excluding New York City and County Rates

Red indicates rate over 150% above upstate and county rates



Community Health Survey - 2009

How Healthy Is The Capital District?

Question 1 - Where do you currently reside?

Most of the respondents to the survey resided in Schenectady County (41.6%), 24.9% resided in Albany County (24.9%) and 20.6% resided in Rensselaer County. Residents of other counties comprised 12.8% of the survey respondents.

Question 3 - What best describes you?

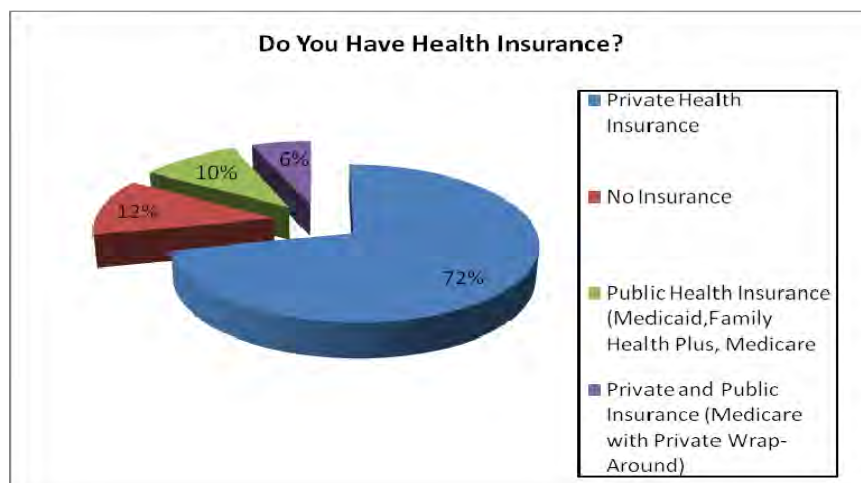
The majority of survey respondents described themselves as white female (67.4%) and white male (19%). Only 7.8% of respondents identified themselves as non-white female and 5.8% as non-white male.

Question 4 - Which of the following best describes you?

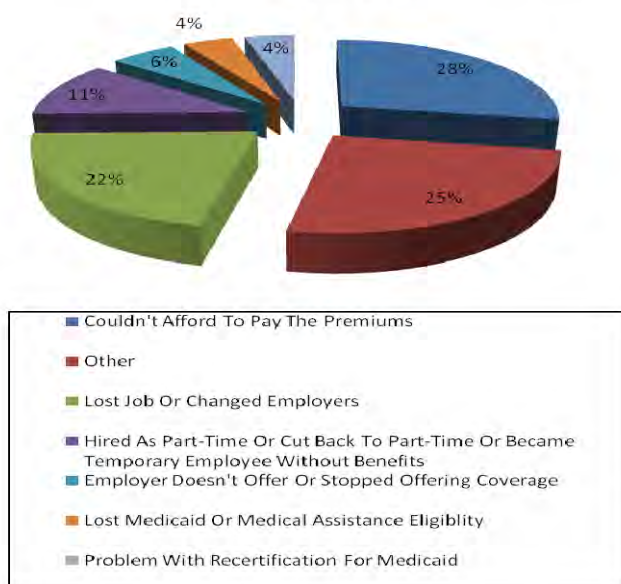
The majority of respondents were employed for wages (73.9%). Respondents that are out of work constituted 11.7%, retired (7%), self-employed (3.4%), student (2.2%) and homemaker (1.8%).

Question 5 - Do you have health insurance?

To the question about having health insurance, a majority of respondents had private health insurance (71.5%). Residents without any type of insurance made up 12.1% of the sample. Having public health insurance (Medicaid, Family Health Plus, Medicare) was named by 10.2% of the respondents and private and public insurance (Medicare with Private Wrap-Around) was named by 6.1%.



If you do not have health care coverage, what is the main reason you don't?



Question 6 - if you do not have health care coverage, what is the main reason you don't?

Lack of ability to afford premiums was the main reason of not having health care coverage by most of the respondents (27.8%). Losing a job or changing employers was named by 21.6% of the respondents. Some residents (11.1%) indicated that they did not have health insurance because they were either hired as part-time or cut back to part-time or became temporary employees without benefits.

Other respondents did not have health care coverage because their employer did not offer or stopped offering coverage (5.6%). Losing Medicaid or medical assistance eligibility was identified by 4.3% of respondents or recertification issues for Medicaid were identified by 4.3%.

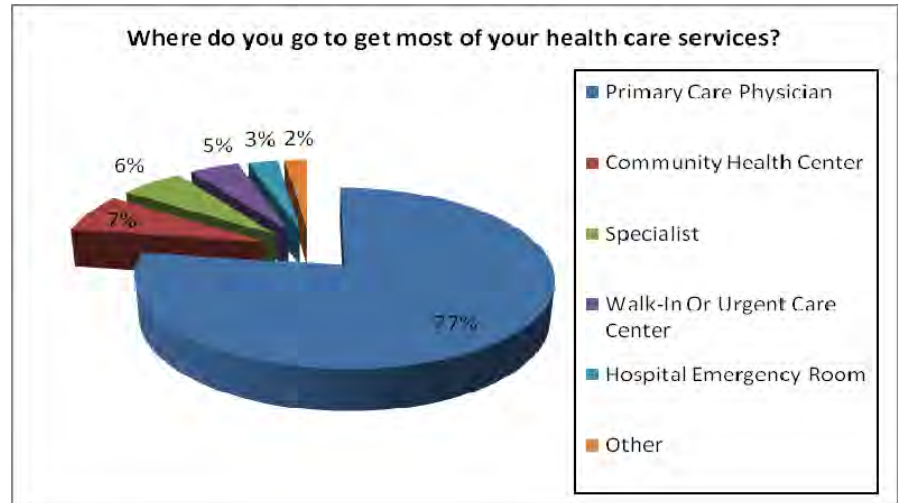


Question 7 - When was your last physical?

A majority of respondents (75.4%) had a physical exam within the last year, although there may be differences of opinion as to what constitutes a physical exam. 15.6% of the respondents had a physical exam within the last two years.

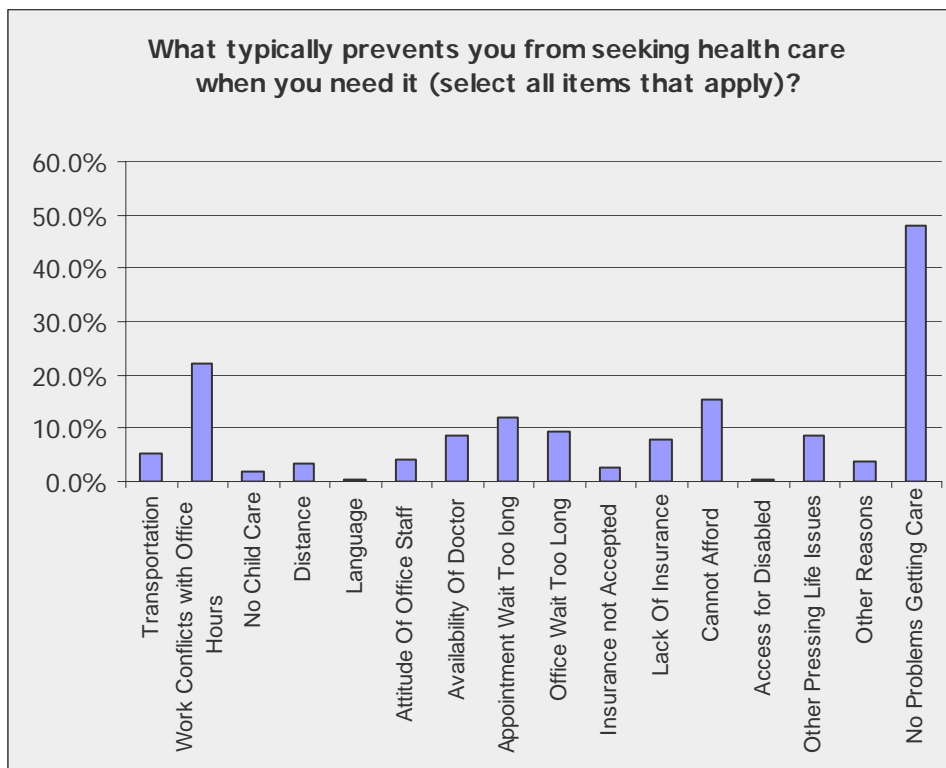
Question 8 - Where do you go to get most of your health care services?

Primary care physicians were identified as the main source for health care for the majority of respondents (77.3%). Community health centers were identified by 7.2% of the respondents and specialists were named by 5.9%. Walk-in or urgent care center was the main source of health care services for 4.6% of the respondents, hospital/emergency room 2.8 % and other sources constituted 2.1% of the total responses.



Question 9 - What typically prevents you from seeking health care when you need it (select all items that apply)?

A majority of the respondents (48%) thought they did not have problems getting health care. Twenty-two percent identified work schedule restrictions or office not open at the time needed prevented them from seeking health care. Some respondents (15.3%) indicated that they could not afford to pay the charges, deductible or co-pay. Twelve percent of respondents thought waiting too long for an appointment was a deterrent.

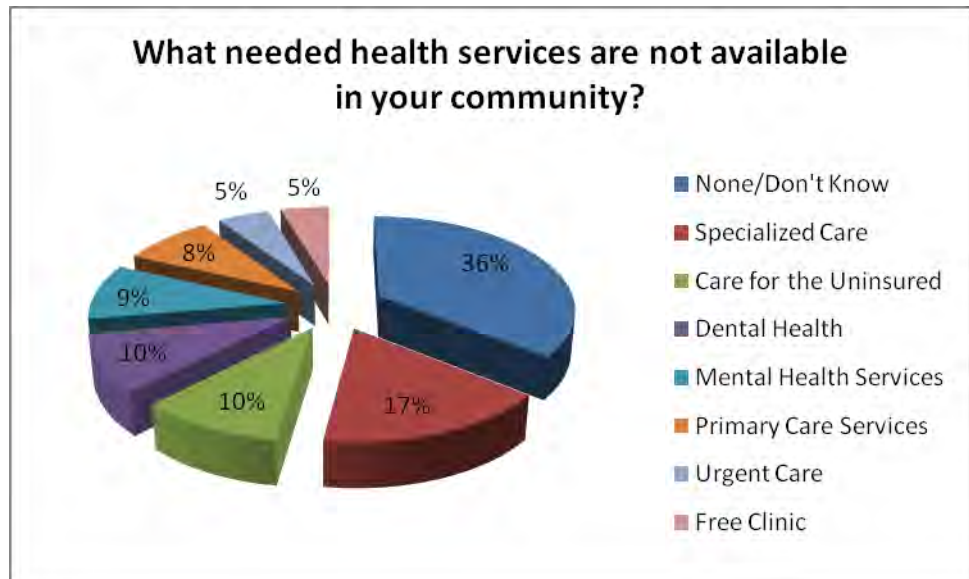


Some respondents (9%) thought that other pressing life issues were more important and the same number (9%) thought that wait time in medical offices were too long. Availability of a doctor prevented (9%) from seeking health care. Lack of insurance was a reason for 8% of respondents and 5% identified transportation barriers.



Question 10 - What needed health services are not available in your community?

Capital District residents were asked what needed health services were not available in their community. The majority of the respondents (36%) did not /could not name any unavailable health services. Some respondents (17%) named specialized care as an unaddressed problem in the community. Services needed in the community included reproductive care, dermatology, elderly care and care for other chronic disease. Care for the uninsured was named by 10% of respondents and the same number of people (10%) identified dental health services as not being available. Some respondents (9%) named mental health services with specific emphasis on children and young people. 8% of the respondents identified primary care services as not being available in their community. Urgent Care and free care were identified by 5% of the residents, respectively.



Question 11 (Is there a group of people in your community (gender, age, race, neighborhood) experiencing a particular health problem that is not being adequately addressed by the health care system? If yes, please identify this group and the problem?)

The Capital District respondents were asked to identify a group of people in their community experiencing a particular health problem that was not being adequately addressed by the health care system. The majority of the respondents (35.7%) could not name any group of people in their community experiencing a particular health problem. Uninsured/poor were identified by most of the respondents (21.9%), followed by services for young people (9.4%) and elderly (8.8%) .

The problems young people face included lack of opportunity to afford health insurance due to minimal paying jobs or unemployment, delay of dental care and poor mental health. The health problems identified in the elderly group were physical and mental disabilities, injuries, transportation to health care facilities, lack of qualified geriatric professionals and quality health care.

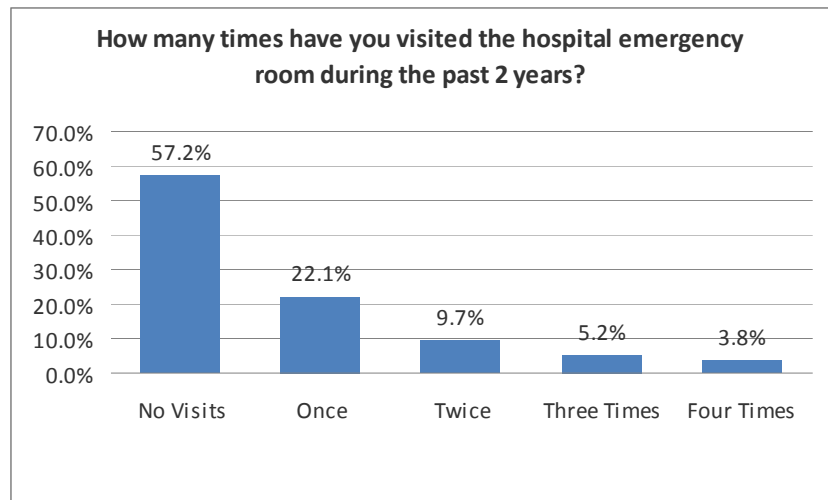
People with chronic disease were identified by some respondents (6.9%) and people with mental disease were named by 6.6% of the respondents. The most frequent chronic diseases identified were: cancer, diabetes, obesity, asthma. Mental health issues, poor dental health and obesity were identified as a health issue among children.

Only 4% named non-English speakers as a group of concern, almost the same number of people (3.1%) thought that children were at particular risk. Only 3.5% of respondents named women. The major problems associated with non-English speaking individuals were problems in communication, mostly due to lack of available interpreters



Question 12 - How many times have you visited the hospital emergency room during the past 2 years?

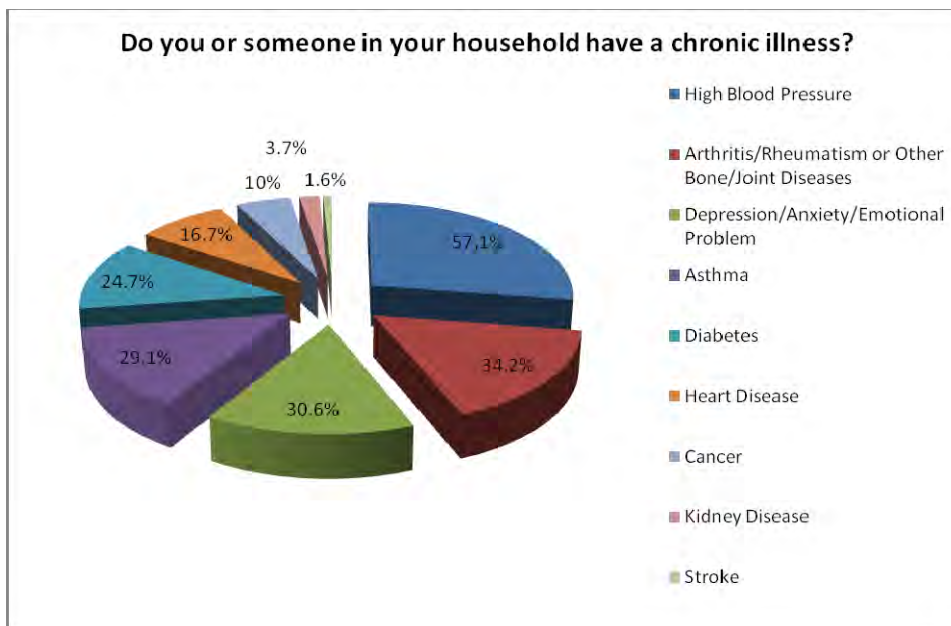
The majority of respondents (57.2%) have not visited the hospital emergency room during the past 2 years, although 22.1% of residents had such experience once. Others declared that they visited the hospital emergency room twice (9.7%), three times (5.2%) and four times (3.8%).



Question 14 - Do you or someone in your household have a chronic illness? If yes, please check all that apply?

High blood pressure was identified as having the highest prevalence among respondent family members and was named by 57.1% of respondents. Arthritis/Rheumatism or other bone/joint diseases were named by 34.2% of the respondents. Depression/Anxiety/Emotional problems were named by 30.6% of respondents. Asthma was identified by 29.1% followed by diabetes (24.7%), heart disease (16.7%), cancer (10%), kidney disease (3.7%) and stroke (1.8%).

Question 15 - Do you or someone in your household with a chronic illness, identified above, have problems accessing health care services to address the illness? If so, please identify the problem?



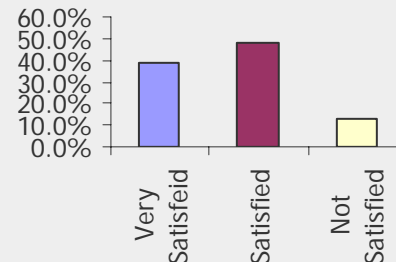
The majority of respondents (56.8%) did not name someone in their household with a chronic illness having problems accessing health care services to address the illness. Only 43.2% agreed that they or their family members had a problem accessing health care services. Most of the respondents, who declared having problem with accessible health care, named lack of insurance, cost, transportation and limited choices of providers as an underlying cause of the problem.



Question 16 How satisfied are you with the quality of health promotion and preventive care information and support you regularly receive from your primary health care provider?

A majority of respondents (48.4%) were satisfied with the quality of health promotion and preventive care information and support they receive from their primary health care provider. 38.9% were very satisfied and 12.7% declared that they are not satisfied with it.

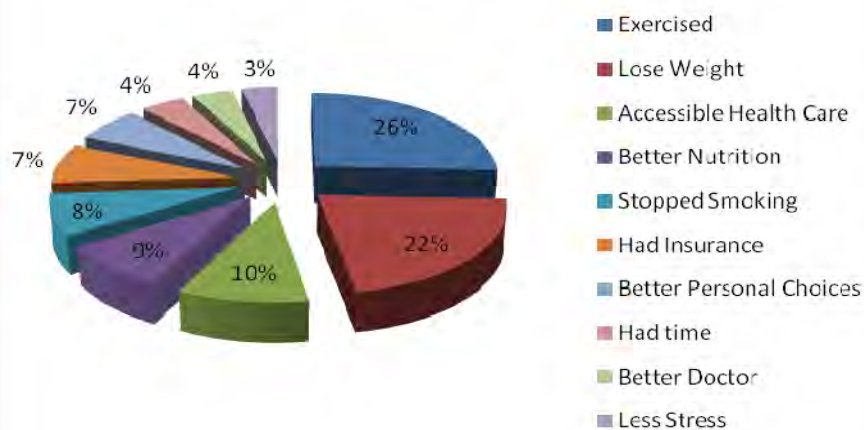
How satisfied are you with the quality of health promotion and preventive care information and support you regularly receive from your primary health care provider?



Question 17 - I would be healthier if:

The majority of respondents (26%) think that they would be healthier if they exercised more and 22% thought losing weight would improve their health. Accessible health care was named by 10% of the respondents and 9% wanted to have better nutrition. A desire to quit smoking was named by 8% of respondents. Seven percent of the respondents thought that having insurance and making better personal choices would benefit their health. Four percent of the respondents thought they needed more time to be healthier and 4% wished to have better doctor. Only 3% thought that having less stress would improve their health.

I would be healthier if



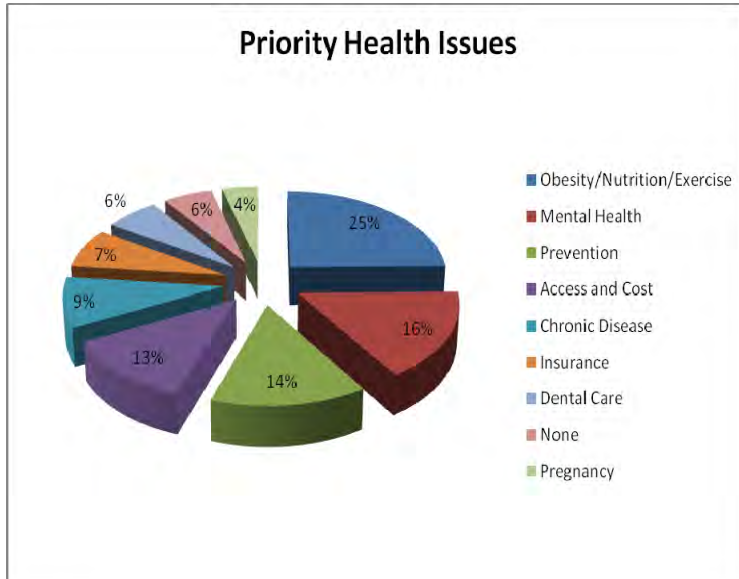
Question 18 - The partners of HCDI selected our top health priorities based upon the following criteria: number of people impacted, severity of illness, how preventable it is, whether it is a root cause of other illnesses, and cost to the health care system. Do you agree that the following are the top two health priorities for the Capital District. (a.) Access to Health Care-Having Health Insurance, Having A Regular Health Care Provider, Access to Specialists, Access to Dental Care b.) Chronic Diseases-Diabetes, Stroke, Diseases of the Heart, Cancer

A majority of the respondents or (87.7%) agreed that HCDI identified the top two health priorities for the Capital District: (a.) Access to Health Care-Having Health Insurance, Having A Regular Health Care Provider, Access to Specialists, Access to Dental Care; b.) Chronic Diseases - Diabetes, Stroke, Diseases of the Heart, and Cancer.



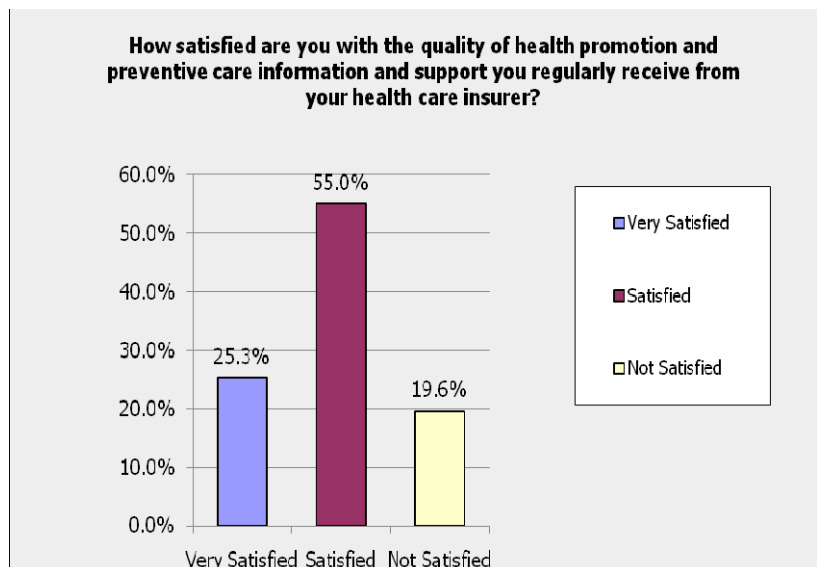
Question 19 - Please identify any other health issues that you feel should be a priority focus area in future community health planning initiatives?

A majority of the respondents (25%) named obesity/nutrition/physical Exercise as another health issue that should be a priority focus area in future community health planning initiative. Mental health was named by 16% of the respondents and 14% identified prevention/screening. Access and cost was named by 13% of the respondents, followed by chronic disease (9%), insurance (7%), dental care (6%), oral health (6%). Some respondents (6%) did not identify any health issue that should be a priority focus area and only 4% thought pregnancy was a priority.



Question 20 - How satisfied are you with the quality of health promotion and preventive care information and support you regularly receive from your health care insurer?

The majority of respondents (55%) were satisfied with the quality of health promotion and preventive care information and support they regularly received from their health care insurer. One quarter were very satisfied and only 19.6% indicated that they were not satisfied.



Question 21 - How Familiar Are You With The Healthy Capital District Initiative?

The majority of respondents (62.2%) indicated that they were not familiar with the Healthy Capital District Initiative.